



MEMBERSHIP APPLICATION



PERSONAL/CONTACT DETAILS

M__ FIRST NAME _____ SURNAME _____ D.O.B __/__/____

ADDRESS _____ SUBURB _____ POSTCODE _____

EMAIL ADDRESS _____ PHONE NUMBER (MOB) _____ (HM) _____

OCCUPATION/EMPLOYER _____ HOW DID YOU HEAR ABOUT US? _____

PRE- EXERCISE QUESTIONS: DO YOU HAVE, OR HAVE YOU HAD ANY OF THE FOLLOWING?

Heart disease or Cardiovascular condition?	Y/N	Any Asthma or difficulty breathing?	Y/N
Any family history of heart disease?	Y/N	Epilepsy, blackouts or fainting?	Y/N
Blood pressure or stroke?	Y/N	Diabetes?	Y/N
Any major illness in the last 5 years?	Y/N	Are you taking any prescribed medications?	Y/N
Any major injury/surgery in the last 5 years?	Y/N	Any other conditions that may alter your exercise program?	Y/N
Are you a smoker?	Y/N		
Do you suffer arthritis / joint pain?	Y/N		

If you answered YES to any of the above questions, please give details _____

I _____ Hereby confirm that I am willing to participation my own free will in exercise(s) at Riverside 24/7 Fitness. I warrant that I am physically and mentally sound to proceed with a program of exercise. I acknowledge that at all times while on the Riverside 24/7 Fitness premises, both my property and person are at my own risk. I shall not hold Riverside 24/7 Fitness, it's staff or contractors liable for any loss of valuables or personal injury. I agree that I understand and agree to the rules of the membership rules information sheet for the facility. I agree that my paid in advance membership is transferable at a fee and that after the cooling off period of two days, the membership is not refundable. If my membership is via direct debit (pay smart), I agree to fulfil these financial commitments, I can pause my membership in fortnightly lots after my 3 month's minimum payments. I must Cancel my membership in **writing** and pay fortnightly cxl fee.

Signed _____ Next of Kin _____ Ph: _____
Date __/__/____

OFFICE USE ONLY

Doctors Clearance Required? YES / NO

I Dr. _____ declare that _____ is medically fit to undertake an exercise program with the following considerations /contraindications _____

Pay Smart

Date	Term	Type	Payment	First Debit Date	Staff

Pay in Full

Date	Term	Type	Price	Payment Method	Renew	Staff

Clubware		Paysmart		Payment / Acc.		Walked through		Program	
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