

Personal Details

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|-----------------------------------|-------------------------------|
| Title: Mr. Mrs. Ms. Miss. Dr. | Address: _____ |
| First Name: _____ | Suburb: _____ Postcode: _____ |
| Last Name: _____ | Phone/Mobile: _____ |
| Date of Birth: ____ / ____ / ____ | E-mail: _____ |
| | Drivers Licence Number: _____ |

Medical History

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| <p>Y- yes N- no (please circle)</p> <ul style="list-style-type: none"> Has your Doctor ever diagnosed you with a heart condition? Y N Do you ever faint or lose balance? Y N Have you ever had an asthma attack requiring medical attention in the last 12 months? Y N Do you suffer from a condition that may cause you to lose consciousness during a workout? Y N <p>Condition: _____</p> <ul style="list-style-type: none"> Are you 65 years of age or older and not used to being physically active? Y N | <p>Y- yes N- no (please circle)</p> <ul style="list-style-type: none"> Are you pregnant? Y N <p>Weeks: _____</p> <ul style="list-style-type: none"> Are there any other medical condition/s which may make it dangerous for you to participate in physical activity? Y N <p>If yes, details: _____</p> <hr/> <ul style="list-style-type: none"> Are you on any medication/s? <p>If yes, details: _____</p> <hr/> |
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If you answered yes to any of the above questions please provide a doctor's certificate and obtain our approval before commencing exercise.

Membership

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| <p>Start date: _____</p> <p>Type of Membership: (Please tick)</p> <ul style="list-style-type: none"> Gym only All Inclusive gym and classes <p>Upfront Membership: (Please tick)</p> <ul style="list-style-type: none"> 6 months 12 months | <p>Will the membership automatically continue after the Upfront Membership term?</p> <ul style="list-style-type: none"> Yes (membership will continue until written notice is given as per Terms and Conditions) No (note: if you want to renew you may have to pay a re-joining fee) <p>Member to initial here:</p> |
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Payment

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| <p>(Please tick)</p> <ul style="list-style-type: none"> Joining fee: Amount: \$ _____ Direct debit fortnight Amount: \$ _____ / fortnight Upfront payment: Amount: \$ _____ 6 months / 12 months | <p>Direct Debit Authorisation [fortnightly payments]</p> <ul style="list-style-type: none"> Debit from bank Debit from Credit Card <p>Note: You are required to complete and sign our Direct Debit Request Form as part of your membership application.</p> |
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Emergency Contact Details

Please provide us with the name and contact details of someone we can contact in the event of an emergency involving you:

Name: _____

Address: _____

Mobile Number: _____ Other phone number (if any): _____

Relationship to you: _____

Acknowledgement

I understand that in becoming a member of Oz Fitness Coolum (the "Club") I agree to the following:

- TERMS AND CONDITIONS:** My membership contract comprises this Application Form together with the Membership Terms and Conditions and any Rules of the Club. I acknowledge that I have read and understood the Membership Terms and Conditions and been given a copy of the current Rules prior to signing this Application form. I agree to be bound by the Membership Terms and Conditions and the Rules, including any new Rules notified to me from time to time.
- RISK:** I acknowledge that exercise programs, personal training sessions, use of exercise equipment including on water activities involves the risk of injury and or death. The risks of injury connected to physical fitness at the facility may include, but are not limited to, abnormal blood pressure, dehydration, heart disorders and heartaches, muscle strains, pulls or tears, broken bones and splints.
- I have completed the information to the best of my knowledge and understand that this may be used as a guide for Personal Trainers to assess my health. It is my responsibility to seek the advice of a medical professional to assess my health and ensure that I am capable of participating in any exercise program at the facility.
- ACCESS:** I acknowledge that my membership is exclusive to me and cannot be transferred to another person. I agree to safeguard the identity of the membership access card and any codes provided to me. Should the conditions of membership be violated, I understand that my membership may be revoked and criminal prosecution be applied.
- CLASSES** I agree to comply with all rules and directions made or given to me in connection with activities run by instructors including bootcamp, stand up paddle board, spin and other classes. I acknowledge that if I fail to do so I may be injured, or may injure someone else and I may not be permitted to continue the activity. No refund will be given in this case.
- CRECHE** If I wish to leave my child/children in the supervised crèche facilities whilst engaging in physical activities at Oz Fitness Coolum, I agree to the rules and guidelines set out by Oz Fitness Coolum. I understand I must remain on the premises whilst my child is cared for and is not to be left for more than 2 hours on each occasion. My child may not be offered care should the crèche ratio of staff to child be exceeded. I agree that the health, safety and wellbeing of my child is ultimately my responsibility and accept that there are risks and dangers that may result from leaving my child in care.

Signature: _____ Date: ____ / ____ / ____

Parent / Guardian / Adult Supervisor for Minor [under 18 years of age]

The person named below warrants they are the parent or guardian of the child and they consent to the minor's participation of activities at Oz Fitness Coolum. The person confirms they have read and understood all information in the document and agree to the minor's assumption of risk outlined.

Full name: _____ Signature: _____