

MEMBER DETAILS

Date : _____

Full Name : _____

Email : _____

Phone : _____

Gender

Male Female

Date of Birth : ____ / ____ / ____

First Session

Date : _____ Time : _____

Occupation & Place of Work : _____

How did you hear about us?

Facebook Instagram Google Friend Work Other _____

Exercise Frequency per week

0 1 - 2 3 - 5 5+

Current Exercise Type : _____ Exercise Preference : _____

Client Goals

Better Health Loose Weight Gain Muscle Specific Goal _____

MEMBERSHIP TYPE

NRFA Full Membership
Unlimited access to group fitness classes and pool

Multi Visit Pass
 20 Pack (\$300) 10 Pack (\$180) 5 Pack (\$100)

Corporate Membership
Workplace health and wellbeing program

Fitness Passport
 Card Number:
 eg: NRFA.2113 _____

Gym Access Membership
Unlimited access to gym equipment

Class Pass

I have read and understood the terms and conditions of this membership detailed above and on the back of this form. I acknowledge that the information given on the form is true and correct and I understand that Sydney Sports Management Group will not pass on these details to any third party without my authorisation.

I authorise Sydney Sports Management Group to debit my account the amount of \$_____ fortnightly on an ongoing basis with the first direct debit commencing ____ / ____ / ____ . I understand that this is a perpetual membership; your membership will continue unless written notification is provided. Cancellations will only be accepted with at least 14 days' written notice.

Full Name : _____

Signature : _____

All membership terms and conditions have been established to ensure maximum enjoyment and usage of North Ryde Fitness + Aquatic (NRFA). On acceptance by NRFA of this agreement, you will be referred to as the 'member' and have the usage rights and obligations as detailed below.

Membership Access

Membership commences on the date stated on the membership agreement. A member must have an active account for admittance to the centre. Admittance may be refused if a member fails to provide evidence for an active membership pricing option on request by a staff member. Access to partnering sites is available and will vary depending on membership agreement.

Increase in Fees

NRFA may at any time increase membership fees having given 30 days written notice sent to the members last known email address.

Cancellation

NRFA reserves the right to cancel this membership agreement. The member may cancel their membership giving an NRFA staff member a minimum of 14 days' written notice in line with the member's regular payment cycle. The member will be required to send cancellation request via email communication of proposed termination date and provide a valid reason for cancellation for purposes of financial administration and ongoing customer service. Once a cancellation request has been received and approved, the member's last debit will be pro-rata payment relevant to their respective pay cycle. Memberships must be active prior to cancellation.

Suspension

If a member wishes to suspend their membership they must provide a written notice via email. The suspension of a client's membership will only be completed once the client has provided a start and end date with appropriate reasoning and time frame. The minimum suspension single installment time frame is two weeks and maximum of three months. Members can suspend their membership anytime within operating hours and will be able to suspend their membership for a maximum of five months annually.

General Policies

It is the responsibility of the participant to advise staff of any serious or pre-existing injuries or medical conditions before exercising. Smoking and/or the consumption of alcohol is not permitted in this club. Members will be solely liable for any loss of items retained in the personal storage areas. The use of cameras and mobile phones are not permitted in change rooms under any circumstances. Any use of photography, audio or video equipment must be authorised by management.

I agree and accept that a particular service may not be available for participation due to a prior booking, mechanical breakdown, act of God, loss of lease or any other reason. I agree not to hold NRFA responsible for such an occurrence. NRFA will not be responsible or liable to any member for failure to disclose any serious or pre-existing injuries or medical conditioning.

Gym Rules

All participants must be 16 years of age and older to be a member and participate in a Highlow Fitness class. Participants under 18 years will need to get a clearance by a parent or guardian. Unless authorised by NRFA Management, children aged between 11 and 15 years only participate as part of an organised group by prior arrangement with management.

For comfort and safety, NRFA requires all members and casual visitors to wear appropriate footwear at all times. Sandals, thongs or wearing no footwear are prohibited. All members and casual guests must workout with a towel and wipe down equipment after use. Members must return weights or any other equipment after use with care.

NRFA reserves the right to vary, add or eliminate the operating hours or scheduled hours of any of the particular facilities, classes or services. It is the responsibility of the member to check the NRFA website or social media pages for any changes. Personal Training is available as an additional service. Only Highlow Fitness trainers may be used in the health club unless approved by management. The use of unauthorized trainers may result in a canceled membership. All members agree to comply with all NRFA rules. Members must not engage in illegal acts at NRFA and must comply with our health and safety rules and policies.

Marketing

By agreeing to this membership agreement, I am allowing NRFA to use pictures, videos or the like for potential marketing material.

Exclusions

The rules and policies of NRFA are put in place to ensure the comfort and safety of all patrons. Management reserves the right to remove patrons who contravene NRFA rules and policies and any other conditions of entry. In the case of a serious offence or criminal activity, police will be notified and management reserves the right to refuse entry in the future.

Release

Members and casual guests enter NRFA at their own risk and accept that NRFA management, its employees, contractors, shareholders and agents will not be liable for any injuries that may be sustained whilst at the facility or by any member or casual guest whilst at the club. Patrons consent to receiving any medical treatment that staff consider necessary.

Pre-Exercise Screening Questionnaire

This questionnaire does not provide advice, nor does it substitute for advice from an appropriately qualified medical professional. Fitness First Australia Pty Ltd gives no warranty of safety resulting from its use. The use of this pre screening questionnaire in no way guarantees or safeguards against any injury or death sustained as a consequence of undertaking activities at North Ryde Fitness + Aquatic.

No responsibility or liability whatsoever can be accepted by North Ryde Fitness + Aquatic for any loss, damage, illness, injury or death that may arise from any person acting on any statement or information contained in this document.

MEDICAL HISTORY

	YES	NO
Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever told you that you have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an asthma attack requiring medical attention at any time over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments or relevant information you would like the trainer to know:

If you answered 'YES' to any of the above questions please consult a doctor to seek clearance/approval to undertake physical activity/exercise at NRFA. If a future change in your health, medical or physical capacity would lead you to respond 'YES' to any these questions, please consult your doctor before undertaking further physical activity or exercise at NRFA.

MEDICAL DISCLOSURE

I recognise that NRFA's trainers are not able to provide me with medical advice in regards to my fitness. This information is used as a guide to assess the limitations of my ability to exercise. NRFA staff reserve the right to ask any member to obtain a written Medical Clearance from their doctor should our staff believe that any of the above medical conditions to be dangerous or high risk.

I warrant that I am physically fit and mentally well enough to proceed with Group Training classes and ensure that the above is true and accurate.

Full Name

Signature

Date

MEDICAL PROFESSIONAL CLEARANCE

Doctors Signature : _____

Date : _____