



WORKOUT ZONE

Membership #	<input type="text"/>
Staff member	<input type="text"/>
Referral	<input type="text"/>
Photo	<input type="text"/>

OFFICE USE ONLY

New membership application

First Name		Last name	
Address			
Suburb	Postcode	Gender	Date of birth
Email	Mobile	Home/Work	
An emergency contact name	Their relationship to you	Their mobile number	

Choose Direct debit membership *30 days cancellation notice applies

Debited fortnightly: 2 x \$14.95 per week + \$1.50 direct debit fee	\$31.40	<input checked="" type="checkbox"/>
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Or choose a Prepaid membership *No refunds or transfers

1 month \$80 <input checked="" type="checkbox"/>	3 months \$194 <input checked="" type="checkbox"/>	6 months \$388 <input checked="" type="checkbox"/>	12 months \$777 <input checked="" type="checkbox"/>
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Choose your 24/7 access pass *Non refundable

Key fob \$40 <input checked="" type="checkbox"/>	Wristband \$40 <input checked="" type="checkbox"/>	Reactivating Membership \$20 <input checked="" type="checkbox"/>
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Choose the personal training joining special

2 x 45 minute personal training sessions + written program for you to follow	\$65	<input checked="" type="checkbox"/>
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Pr-exercise Questionnaire: A physician's consent to exercise is recommended prior to beginning any new exercise program/regime

<input checked="" type="checkbox"/> Any heart condition <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Asthma, lung, chest or breathing issues <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Fractures or joint injuries <input checked="" type="checkbox"/> Any major operations <input checked="" type="checkbox"/> Are you on any prescribed medication <input checked="" type="checkbox"/> Had surgery or been hospitalised recently <input checked="" type="checkbox"/> Any other health condition that may affect your safe participation in exercise?	Details:
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I, willingly attend and participate in all aspects of the 24/7 gymnasium Workout Zone at my own risk. I believe I am in reasonably good physical health and acknowledge if I engage in exercise routines or similar strenuous activity I could suffer injury, illness or even death. I assume the responsibility and risk of any loss of property, injury, damage to my body, illness or even death resulting from my participation in any activities whilst at Workout Zone or commuting to and from Workout Zone. I will not seek to prosecute, claim compensation or to penalise the 24/7 gymnasium known as Workout Zone, any of their representatives, agents, and or successors. I have read and understand this waiver upon joining and acknowledge how it affects my legal rights.

Applicant signature	Date
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Parent/Guardian - If under 18 years	<input type="text" value="PRINT NAME"/>	<input type="text" value="SIGNATURE"/>
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