

STARplex Memberships APPLICATION FORM



Applicant Personal Details

Surname	Email
Given names	@
Preferred Name.....	Are you eligible for any concessions?
Gender	<input type="checkbox"/> Student ID Card
Date of Birth...../...../..... Age.....	<input type="checkbox"/> Health Care Card
Postal Address	<input type="checkbox"/> Pensioner Concession Card
Suburb	<input type="checkbox"/> Seniors or DVA Concession Card <input type="checkbox"/> No
State..... Postcode	<input type="checkbox"/> Trinity College Discount
Phone number.....	<input type="checkbox"/> Concession Card sighted (OFFICE USE ONLY)

EMERGENCY CONTACT DETAILS

Name.....	Mobile Number:
Relationship to applicant

Where did you hear about STARplex?

☐ Trinity College
 ☐ Health Professional:
 ☐ Online (social/web)
 ☐ Print Media/flyer
☐ Ex-Member
 ☐ Word of Mouth
 ☐ Other

Do you need a personalised program to help guide your fitness goals? Sign up to Personal Training...

Have you had a personal trainer before? ☐ Yes ☐ No

I would prefer a ☐ Male ☐ Female ☐ Either.....(Please note: Personal Training requests may not be met)

SELECT PERSONAL TRAINING PACK: ☐ 3 PT PACK ☐ 10 PT PACK ☐ DIRECT DEBIT PT..... week/fortnight

Availability (please specify possible days and either am/pm times):

<input type="checkbox"/> MONDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....
<input type="checkbox"/> SATURDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....
<input type="checkbox"/> SUNDAY	<input type="checkbox"/> am	<input type="checkbox"/> pm.....

Please note: We will do our best to try to match your preferred times.

FORM 1

RECREATIONAL SERVICES –

EXCLUSION, RESTRICTION OR MODIFICATION OF RIGHTS UNDER THE AUSTRALIAN CONSUMER LAW (SA)

YOUR RIGHTS

By signing the 'Membership Application form' you are agreeing to the following information.

Under sections 60 and 61 of the Australian Consumer Law (SA), if a person in trade or commerce supplies you with services (including recreational services), there is:

- a) a statutory guarantee that those services will be rendered with due care and skill; and
- b) a statutory guarantee that those services, and any product resulting from those services, will be reasonably fit for the purpose for which the services are being acquired (as long as that purpose is made known to the supplier); and
- c) a statutory guarantee that those services, and any product resulting from those services, will be of such a nature, and quality, state or condition, that they might reasonably be expected to achieve the result that the consumer wishes to achieve (as long as that wish is made known to the supplier or a person with whom negotiations have been conducted in relation to the acquisition of the services).

EXCLUDING, RESTRICTING OR MODIFYING YOUR RIGHTS

Under section 42 of the Fair Trading Act 1987, the supplier of recreational services is entitled to ask you to agree to exclude, restrict or modify his or her liability for any personal injury suffered by you or another person for whom or on whose behalf you are acquiring the services (a third party consumer).

If you sign the Membership Application form, you will be agreeing to exclude, restrict or modify the STARplex' liability with the result that compensation may not be payable if you or the third party consumer suffer personal injury.

IMPORTANT

You do not have to agree to exclude, restrict or modify your rights by signing this form.

The supplier may refuse to provide you with the services if you do not agree to exclude, restrict or modify your rights by signing this form.

Even if you sign this form, you may still have further legal rights against the supplier.

A child under the age of 18 cannot legally agree to exclude, restrict or modify his or her rights.

A parent or guardian of a child who acquires recreational services for the child cannot legally agree to exclude, restrict or modify the child's rights.

AGREEMENT TO EXCLUDE, RESTRICT OR MODIFY YOUR RIGHTS:

I agree that the liability of the STARplex for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is-

- (a) excluded

Definitions

1. Recreational services are services that consist of participation in:
 - a sporting activity or similar leisure-time pursuit; or
 - any other activity that involves a significant degree of physical exertion or risk and is undertaken for the purposes of recreation, enjoyment or leisure.
2. Personal injury is bodily injury and includes mental and nervous shock and death.

Further information:

Further information about your rights can be found at www.ocba.sa.gov.au

Signed by applicant:

Date.....

Witnessed by:.....

Date.....

MEDICAL DETAILS *(please select relevant boxes below)*

This section is a legal requirement of all AUSactive registered services.

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, AUSactive or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

1	Do you have asthma?	<input type="checkbox"/> No (Skip to Q.3)	<input type="checkbox"/> Yes	
2	Is your asthma controlled by medication?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
3	Do you have diabetes?	<input type="checkbox"/> No (Skip to Q.5)	<input type="checkbox"/> Yes	
4	Is your diabetes controlled?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5	Do you suffer from high/low blood pressure? (High / Low)	<input type="checkbox"/> No (Skip to Q.7)	<input type="checkbox"/> Yes	
6	Is your blood pressure controlled?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
7	Do you have any allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
8	Do you take any medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
9	Do you have epilepsy?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
10	Have you been hospitalized within the last 3 months?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
11	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
12	Do you ever experience unexplained pains in your chest at rest or during physical activity/ exercise?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
13	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
14	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"/> No		<input type="checkbox"/> Yes
15	Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
<p>If you have no other concerns about your health, you may proceed to your gym induction, if required, and undertake prescribed light-moderate physical activity/exercise.</p>				
<p>If you have answered any questions in the yellow column, please list all medications you take and/or all allergies you have in the space provided below. If you have no other concerns about your health, you may proceed to your gym induction, if required, and undertake prescribed light-moderate physical activity/exercise.</p>				
<p>If you have answered any questions in the red column, please seek written guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise.</p>				

☐ Medical Clearance **(OFFICE USE ONLY)**

Please list all medications you currently take

.....

Please list any allergies you have.....

Any other current medical conditions / information (eg. hearing or sight impairment)

.....

Are the applicant's (if under 10 years old) immunisations up to date? ☐ N/A ☐ Yes ☐ No

PERMISSIONS SECTION

- I give permission for a first aid trained STARplex staff member to provide the applicant with Ventolin if required in an emergency ☐ Yes ☐ No
- I give permission for photos/images of the applicant, taken as part of STARplex activities, to be used by STARplex for use in brochures, newsletters, internet or other promotional material ☐ Yes ☐ No
- I wish to receive information from STARplex about other programs, marketing and promotional material..... ☐ Yes ☐ No

MEMBERSHIP TYPE: ☐ Gym Only ☐ Full Club ☐ Swim Membership ☐ Swim Visit Pass



Application Details (FITNESS CENTRE MEMBERSHIP)

Application Date

Start of cooling off period

End of cooling off period

Membership Fees & Terms

I would like to pay my membership by:

☐ Ongoing Periodic Billing by Direct Debit

☐ Fixed Term Upfront Pre-Payment for the term/visits of

.....weeks/months

from the commencement date.

Commencement Date

Expiry Date

Pro rata or Upfront amount of \$.....

Direct Debit Fortnightly payment amount of \$.....

☐ Cash to Reception ☐ Eftpos

Inclusions of Contract for

☐ Medical Suspension

☐ Suspension (as per conditions)

☐ Direct Debit Rejection Fee

☐ Membership Band

Please note: Replacement bands available for \$10.

Special Conditions:

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Please ensure you cancel any direct debit authorisations for payments under this agreement when your membership ends.

Periodical Direct Debit arrangements: If your membership is Ongoing, it will automatically renew at the end of the minimum term and charges will continue.

Fixed Term Direct Debit arrangements: If your membership is for a Fixed Term, it automatically terminates at the expiry of the Minimum Term and so a new agreement will be required if you want to continue after that.

SIGNING SECTION

By signing this Membership Application Form you are agreeing to all STARplex Terms, Conditions and Guidelines found on our website: www.starplex.com.au

Signed by the Applicant

Signed by Parent/Guardian if under 18yrs

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Signed by and on behalf of STARplex

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Name.....Position.....Date.....Time.....

at STARplex Our passion is to see people get results, achieve their goals, improve their health and find a sense of wellbeing.