

Applicant Personal Details

Surname Postal Address

Given names

Phone Number Email

Responsible Person/Emergency Contact Name Phone Number

Relationship.....

Are you eligible for any concessions? ☐ Student ID Card ☐ Health Care Card ☐ Pensioner Concession Card

☐ Seniors or DVA Concession Card ☐ Trinity College Discount ☐ No

Are you affiliated with Trinity College in any of the following ways? ☐ Student ☐ Staff Member ☐ Parent ☐ Old Scholar ☐ None

☐ Other.....

Medical Update (select relevant boxes below) Please provide updates to your current medical information that is different to the information previously provided to STARplex. This section is a legal requirement of all AUSactive registered services.

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

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.

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.

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.

Please list any additional medical conditions, medications or vaccinations:

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.....

What would you like to do today?

☐ I would like to renew/continue on the following program

☐ I would like to enrol in the following **new** program (please tick below):

☐ I would like to upgrade / downgrade from to

FITNESS CENTRE	<input type="checkbox"/> STARmember.....	<input type="checkbox"/> STARconcession.....	<input type="checkbox"/> STARcorporate.....	<input type="checkbox"/> Special.....
	<input type="checkbox"/> Add Group Fitness	<input type="checkbox"/> Add Personal Training.....week/fortnight		
	<input type="checkbox"/> 10 Pack Personal Training			

FOR PERSONAL TRAINING ENROLMENTS ONLY:

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

Is there a specific type of training you like? ☐ Yes ☐ No If yes, what type do you like?.....

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

Availability:

<input type="checkbox"/> MONDAY	<input type="checkbox"/> 6am – 9am	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 12pm – 3pm	<input type="checkbox"/> 3pm – 6pm	<input type="checkbox"/> 6pm – 9.30pm
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> 6am – 9am	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 12pm – 3pm	<input type="checkbox"/> 3pm – 6pm	<input type="checkbox"/> 6pm – 9.30pm
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> 6am – 9am	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 12pm – 3pm	<input type="checkbox"/> 3pm – 6pm	<input type="checkbox"/> 6pm – 9.30pm
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> 6am – 9am	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 12pm – 3pm	<input type="checkbox"/> 3pm – 6pm	<input type="checkbox"/> 6pm – 9.30pm
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> 6am – 9am	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 12pm – 3pm	<input type="checkbox"/> 3pm – 6pm	<input type="checkbox"/> 6pm – 9.30pm
<input type="checkbox"/> SATURDAY	<input type="checkbox"/> 7am – 10am	<input type="checkbox"/> 10am – 2pm			
<input type="checkbox"/> SUNDAY	<input type="checkbox"/> 8am – 10am	<input type="checkbox"/> 10am – 1pm			

Additional Information:

Membership Fees & Terms

I would like to pay my membership by:

☐ Ongoing Periodic Billing by Direct Debit

New Commencement Date...../...../.....

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

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

Direct Debit Rejection Fee \$.....

\$10 Direct Debit Rejection Fee

☐ Special Locked in.....months direct debit

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

New Expiry Date...../...../.....

TOTAL PAYMENT TODAY \$.....

☐ Cash to Reception

☐ Eftpos

SIGNING SECTION

By signing this Membership Application Form you are agreeing to 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
.....
<p>Signed by and on behalf of STARplex</p> <p>.....</p> <p>Name.....Position.....Date.....Time.....</p>	