

Birregurra Community Health Centre Gym Membership Form

Membership Process;
Complete and return the following forms:

- Membership Form and signed Declaration
- Direct Debit Authority Form
- Complete and return the Health and Fitness Assessment Form

Please keep the following for your records:

- Direct debit suspension/cancellation form
- Read and acknowledge the Gym Membership Conditions of Use Form

First time members must complete the required fitness assessment before membership can be confirmed.

Confirmation of your membership will be sent to you once all forms have been received and processed.

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

EMERGENCY CONTACT

NAME: _____ **TELEPHONE:** _____

RELATION TO MEMBER: _____

MEMBERSHIP OPTIONS

☐ FULL

☐ CONCESSION circle type: Student / Pension / Concession card holders

☐ RECURRING MONTHLY DIRECT DEBIT on 1st of each month
(\$20 conc / \$25 full)

☐ 12 MONTHS ANNUALLY (\$240 conc / \$300 full)

DECLARATION:

I, _____ hereby declare that:

I have read and understood, and agree to abide by, the Birregurra Community Health Centre Gym **Conditions of Use**.

I will indemnify and release Birregurra Community Health centre from any claim in respect of personal injury which may be caused by directly or related indirectly to an activity performed at the Centre, or by any negligence in the performance of any exercise taken.

SIGNED: _____ **DATE:** _____

GUARDIAN CONSENT:

For all applicants between 15 and 18 years of age, guardian consent is required.

I, as parent, guardian, or responsible party of the above named minor child under the age of 18 years, hereby acknowledge reading, understanding and agreeing to the terms and conditions of this agreement.

SIGNED: _____ **DATE:** _____

OFFICE USE ONLY

MEMBERSHIP FORM RECEIVED: _____ / _____ / _____

DIRECT DEBIT AUTHORITY FORM RECEIVED _____ / _____ / _____

DECLARATION SIGNED AND RECEIVED _____ / _____ / _____

HEALTH AND FITNESS DOCUMENTATION COMPLETE: _____ / _____ / _____

MEMBERSHIP VALID FROM: _____ / _____ / _____

SIGNATURE OF AUTHORISED OFFICER: _____

DATE: _____ / _____ / _____