

**MEMBERSHIP DETAILS**

<b>Fitness business</b> ("we", "us", "our")	Vida Fitness Footy Pty Ltd as trustee for Vida Fitness Footy Unit Trust trading as Vida Fitness - ABN 78 405 016 910.
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<b>Member</b> ("you", "your")	Name:	
	Address:	
	Suburb:	Postcode:
	Email:	
	Phone:	Mobile:
	Date of Birth:	Gender:

<b>Cooling Off Period ends:</b>	48 hours after the day on which this membership form is signed.
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<b>Membership Terms &amp; Minimum Term*</b>	<input type="checkbox"/> Fixed Term <ul style="list-style-type: none"> <li><input type="checkbox"/> 12 months only - up front payment</li> </ul>
	<input type="checkbox"/> Ongoing <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly (Minimum term - 2 weeks)</li> <li><input type="checkbox"/> 6 months (Minimum term - 6 months)</li> <li><input type="checkbox"/> 12 months (Minimum term - 12 months)</li> </ul>
<p>* Your membership may be either a Fixed Term or Ongoing as indicated above. Fixed term requires you to renew your agreement after the minimum term (12 months). Ongoing ensures your membership will continue to roll over after the minimum term is complete, all ongoing memberships require a two week cancelation notice.</p>	

<b>Start Date:</b>	__ / __ / ____
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Membership Type and Costs (please circle)	Gym Only		Classes (Gym included)	
	Normal Rate	Concession	Normal Rate	Concession
Weekly	\$17.50	\$14.00	\$47.00	\$35.00
6 Months	\$16.50	\$13.00	\$36.00	\$30.00
12 Months	\$14.50	\$11.50	\$30.00	\$25.00

**Concession Membership**

- Full Time Student, Under the age of 18, Senior or Pensioner card, Healthcare Concession
- Veneto Club Member - Card Number \_\_\_\_\_
- Affiliate Sporting Club - List Club \_\_\_\_\_

<b>Fees</b>	<b>Membership fees for the Fixed Term</b>	12 Months \$ _____ up front
	<b>Ongoing membership fee (including after the Minimum Term)</b>	Weekly membership \$ _____ per fortnight*  6 Month Membership \$ _____ per fortnight*  12 Months \$ _____ per fortnight* \$ _____ per year*  *from the date this agreement is signed during which you are entitled to receive membership benefits or the next working day if that falls on a non-working day.
	<b>Joining Fee</b>	\$ 45 <b>Fee Waived</b> Yes or No
	<b>Cancellation Fee</b>	See clause 9c.
	<b>Access - FOB deposit</b>	\$ 20 deposit - refundable on return

<b>Payment of membership Fees:</b>	<ul style="list-style-type: none"> <li>● Fixed Up Front Prepayment <ul style="list-style-type: none"> <li>○ Gym Only 12 months - Full Rate \$750 - Concession Rate \$600</li> <li>○ Classes (Gym included) 12 Months - Full Rate \$1560 - Concession Rate - \$1300</li> </ul> </li> <li>● Ongoing Billing by Direct Debit Rates shown include payment surcharge*. All memberships options will be direct debited <b>fortnightly</b>. <ul style="list-style-type: none"> <li>○ Gym Only Weekly - Full Rate \$ 37.55 - Concession \$ 29.29 6 months - Full Rate \$ 34.38 - Concession \$ 27.25 12 months - Full Rate \$ 30.30 - Concession \$ 24.20</li> <li>○ Classes (Gym included) Weekly - Full Rate \$ 96.45 - Concession \$ 72.00 6 months - Full Rate \$ 74.06 - Concession \$ 61.85 12 months - Full Rate \$ 61.85 - Concession \$ 51.67</li> </ul> </li> </ul> <p>*Surcharge 1.75% + .80c per transaction</p>
	Please note these fees are subject to change by notice in accordance with this agreement
<b>Payment Details:</b>	Name on card:
	CARD - Card Type - Bank Debit Card or MasterCard or Visa
	Card Number: _____
	Expiry: ____/____ CVV ____
	Signature:

<b>Direct Debit Provider:</b>	Direct debit services are supplied by Stripe ( <a href="https://stripe.com/au">https://stripe.com/au</a> ) Please refer to website for terms and conditions and for changes
<b>State/Territory</b>	Victoria
<b>Special Conditions</b>	

<b>Facilities and services available to you:</b>	The Vida Fitness and/or the Veneto Club facilities that are available to you include; all areas within the Gymnasium, change rooms, and car park. This includes all equipment, weights, benches, machines, mats, and any programs, products, classes and services that you can use according to your Membership Type (excluding services provided by outside providers described in clause 11 or other services described in clause 12).
<b>Access</b>	All members must use their own fob to gain access to the gym. At no stage is the member permitted to give access to a non-member to allow them to access the gym. If a member would like to train with a non-member they must attend within staffed hours and the non-member must pay the casual membership rate.

**SIGNING SECTION**

- I/we have read through this form including the attachments in full before signing.
- By signing here, I/we agree to be bound by the terms of this membership agreement:

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal guardian if member under 18 years of age

(Print Name) \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Signature \_\_\_\_\_

I do not wish to receive marketing material from

- Vida Fitness
- The Vida Network and Affiliate parties
- Third Parties

**FOR OFFICE USE ONLY**

- All details completed, Applicant has read through form, initialled front page and signed above.
- All persons signing have provided a copy of their drivers licence or other satisfactory identification.
- A pre screening has been completed with this member
- A member induction has been done - Date \_\_\_/\_\_\_/\_\_\_\_\_

# ADULT PRE-EXERCISE SCREENING TOOL

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, Fitness Australia 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.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Date: \_\_\_\_\_

## STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
5.	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	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?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_