



Update Form

OFFICE USE ONLY

Member Number
 Referred by

Applicant Details

Applicant Personal Details

Surname Address.....
 Given names
 Mobile Number Email

Responsible Person/Emergency Contact Name Phone Number

Are you eligible for any concessions?

Student ID Card Health Care Card Pensioner Concession Card Seniors or DVA Concession Card No

Are you affiliated with Trinity College in any of the following ways?

Student Staff Member Parent Old Scholar None

Medical Update

Please list any updates to your current medical information that is different to the information previously provided to STARplex

.....

Please list any allergies you have (if applicable)

.....

Permissions Section

I give permission for first aid trained STARplex staff 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

What would you like to do today?

- I would like to renew/continue on the following program on the same day at the same time:
- I would like to cease the following program.....
- I would like to enrol in the following **new** program:

FITNESS CENTRE	<input type="checkbox"/> STARmember	<input type="checkbox"/> STARconcession	<input type="checkbox"/> STARcorporate	<input type="checkbox"/> Reshape
	<input type="checkbox"/> Add Group Fitness	<input type="checkbox"/> Add Team Training	<input type="checkbox"/> Add Personal Training.....week/fortnight	
	<input type="checkbox"/> Kids Dance Fitness	<input type="checkbox"/> Born to Move		
SWIM CENTRE	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Swim Squad	<input type="checkbox"/> Aqua	<input type="checkbox"/> Lap/ Recreational Swimming
COURTS	<input type="checkbox"/> Team Nomination	<input type="checkbox"/> Individual Nomination		
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Netball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Mixed
	Team Name.....		Division 1 2 3	Bib Colour.....
	Top Colour..... Shorts Colour.....			
	<input type="checkbox"/> Please tick if you ARE the team contact person (if this box is ticked, please complete the below nomination details)			
	Team Nomination Fee \$..... <input type="checkbox"/> Paid			
	<input type="checkbox"/> Badge	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Kindergym	<input type="checkbox"/> Babygym
WELLNESS	<input type="checkbox"/> EP Initial Consultation	<input type="checkbox"/> KICK Program	<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Health Age Check <input type="checkbox"/> Cooking Program
CRÈCHE	<input type="checkbox"/> Kids Club	<input type="checkbox"/> crèche		
THEATRE	<input type="checkbox"/> Baby Boogie	<input type="checkbox"/> Dancing Child	<input type="checkbox"/> Junior Groovers	<input type="checkbox"/> Creative Moves <input type="checkbox"/> Junior Hip Hop <input type="checkbox"/> Jazz Stars
ATHLETE	<input type="checkbox"/> Athlete Development	<input type="checkbox"/> Individual Sessions	<input type="checkbox"/> Team Sessions	
TRAINING	<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR	<input type="checkbox"/> Child Safe Environments	<input type="checkbox"/> Pool Lifeguard

For Personal Training Enrolments Only:

Please note Personal Training requests may not be met. My preference would be; Male Female Either

Your Available Days: M T W Th F Sat Sun Times:.....

Activity details for continuing or adding programs

Please fill in a separate section for each activity the applicant wishes to enrol in.

1) Day program or class is held..... Time AM PM
 For the period of Weeks Months Term 1 2 3 4 Cost \$.....

2) Day program or class is held..... Time AM PM
 For the period of Weeks Months Term 1 2 3 4 Cost \$.....

3) Day program or class is held..... Time AM PM
 For the period of Weeks Months Term 1 2 3 4 Cost \$.....

4) Day program or class is held..... Time AM PM
 For the period of Weeks Months Term 1 2 3 4 Cost \$.....

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

New Commencement Date..... New Expiry Date.....

Upfront pre-payment amount of \$.....

Pro rata amount of \$.....

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

Total membership fees for the fixed term appointed \$.....

Total payment today \$..... Cash to Reception Eftpos

Periodic Billing by Direct Debit Details

I would like to use my current bank details that have already been supplied to STARplex

I would like to use the following details for my enrolments today

I am just updating my bank details for my already current enrolments

Mastercard Visa Card Number:

Expiry Date / Card Holders Name.....

OR

Name of Account Holder BSB..... Account

Bank Name Branch.....

The first direct debit will occur on..... For the amount of.....

Direct debit will continue at weekly intervals every Friday with a regular amount of.....

Account/Card Holders Name Account/Card Holders Signature.....

Signing Section

Signed by the Applicant Date

Signed by Parent/Guardian if under 18 Date

Signed by and on behalf of STARplex Date

By signing this form you agree to all STARplex Terms, Conditions and Guidelines set out in the STARplex Handbook.