

Name.....Member Number.....

Team Name.....

OPERATING SINCE 2000



at Trinity College



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

WELCOME  
WELCOME

**STARplex**  
Membership Application Form

# STARplex...it's all right here!



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## Membership Application

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.

If your membership is *Ongoing*, it will automatically renew at the end of the minimum term and charges will continue to apply.

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## Important Notice to Applicants

This form sets out your rights to use our exercise facilities and services, and the obligations you have to comply with as a member. Your responsibilities under this agreement, including payment of membership fees, do not depend on how often you use the facilities and services. You promise to tell us if at any time you believe that you may not be able to comply with your obligations under this agreement including the payment of fees, so we can discuss your options with you.

You should now take some time to read through this entire form carefully to make sure that it fully reflects your expectations. Please ask us or seek advice if you are unsure whether any particular statements that you have relied on are part of this agreement. If there is any statement on which you have relied that you think may not be part of this agreement, please write it out in the Special Conditions section below. You agree that you will not later say that you relied on any other statements made by us or you.

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## Direct Debit Arrangements

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

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18-20 Alexander Ave,  
EVANSTON PARK SA 5116

Phone (08) 8522 0622  
[www.starplex.com.au](http://www.starplex.com.au)



**Fitness Australia is the national health and fitness industry association working for a fitter, healthier Australia.**

Fitness Australia Registration Number: 021 068

# Applicant Details

Today's Date: / /

## OFFICE USE ONLY

Member Number .....

Referred by .....

### Applicant Personal Details

Surname .....

Given names .....

Preferred Name.....

Male  Female

Date of Birth...../...../..... Age.....

Postal Address .....

Suburb .....

State..... Postcode .....

Home number .....

Mobile Number .....

Work Number.....

Email .....

@ .....

Have you been referred to STARplex by a health professional?  Yes  No

If yes, please provide details .....

.....

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

### Responsible Person Details (if applicant is under 18 only)

Surname .....

Given names .....

Male  Female

Relationship to child .....

Date of Birth...../...../..... Age.....

Address.....

Suburb .....

State .....Postcode.....

Home number .....

Mobile Number .....

Email .....

Who would you like correspondence sent to?  Applicant or  Responsible Person

### Emergency Contact Details (must be different to above)

Surname .....

Given names .....

Male  Female

Relationship to applicant.....

Home number .....

Mobile Number .....

### Where did you hear about STARplex?

Trinity College

School

Newspaper

Voucher

Health Professional

Facebook

Poster / Flyer

Friend

Website

Family

Ex-Member

Other .....

Have you previously been a member or used STARplex services?

If so, what program?.....

.....



### Medical Details

This section is a legal requirement of all Fitness Australia 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, 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.*

1	Do you have asthma?	No (Skip to Q.3)	Yes	
2	Is your asthma controlled by medication?	Yes		No
3	Do you have diabetes?	No (Skip to Q.5)	Yes	
4	Is your diabetes controlled?	Yes		No
5	Do you suffer from high/low blood pressure? (High / Low)	No (Skip to Q.7)	Yes	
6	Is your blood pressure controlled?	Yes		No
7	Do you have any allergies?	No	Yes	
8	Do you take any medication?	No	Yes	
9	Do you have epilepsy?	No		Yes
10	Have you been hospitalized within the last 3 months?	No		Yes
11	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	No		Yes
12	Do you ever experience unexplained pains in your chest at rest or during physical activity/ exercise?	No		Yes
13	Do you ever feel faint or have spells of dizziness during physical activity/ exercise that causes you to lose balance?	No		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?	No		Yes
15	Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise?	No		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 blue 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 yellow column, please seek written guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise.</p>				

Please list all medications you currently take

.....

Please list any allergies you have.....

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

.....

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 Details

## STARplex Service Category

- Fitness Centre    Swim Centre    Courts    Wellness & Rehab    Crèche    Theatre  
 Athlete Development    Training *Please proceed to filling out only the STARplex Category that applies to you*

## Membership Detail – FITNESS CENTRE

- STARmember  
 STARconcession **CODE.....(OFFICE USE ONLY)**  
 STARcorporate **CODE.....(OFFICE USE ONLY)**  
 Couple Membership .....
- Special .....  
 Born to Move  
 Reshape  
 Family Membership.....

I would like to add the following services to my base membership:

- Group Fitness Classes    Personal Training.....week/fortnight/pack    Team Training.....week/pack

### For Personal Training Enrolments Only:

Please note Personal Training requests may not be met. I would prefer a  Male    Female    Either  
Your Available Days: M T W Th F Sat Sun Times: .....

I would like to pay for this service by:  Periodic Ongoing Direct Debit Weekly    Fixed Term Upfront

## Membership Detail – SWIM CENTRE

- Swimming Lessons    STARsquad    Aqua    Lap & Recreational Swimming  
*Please note: Aqua, Lap & Recreational Swimming are subject to review.*

I would like to pay for this service by:  Periodic Ongoing Direct Debit Weekly    Fixed Term Upfront

Concessions or loyalties available .....

*\*Please refer to Additional Program Information on page 7*

## Membership Detail – COURTS

### Team Sport Programs

- Sport Team Nomination  
 Sport Individual Nomination  
 Please tick if you ARE the Team Contact person  
Level:  Seniors    Juniors/Modified (age).....  
Category:  Men's    Women's    Mixed  
Sport:    Basketball    Netball    Soccer  
Division (please circle):   1   2   3  
Team Name .....

Top/Singlet Colour .....

Shorts/Skirt Colour.....

Bib Colour.....

Team Nomination:	Juniors	Seniors	Other
Basketball	<input type="checkbox"/> \$45	<input type="checkbox"/> \$53	<input type="checkbox"/> \$
Netball	<input type="checkbox"/> \$54	<input type="checkbox"/> \$58	<input type="checkbox"/> \$
Soccer	<input type="checkbox"/> \$45		<input type="checkbox"/> \$

### Other Courts Programs

- Badge Program  
 Gymnastics  
 Kindergym  
 Babygym

### Paid Insurance (please tick appropriate box)

- Gymnastics \$30 per year  
 Baby/ kindergym \$9 per term

I would like to pay for this service by:

- Periodic Ongoing Direct Debit Weekly  
 Fixed Term Upfront

*\*Please refer to Additional Program Information on page 7*



**Membership Detail – WELLNESS AND REHAB**

Initial Assessment    KICK Program    Exercise Physiologist    Health Age Check    Cooking Program

The following personalised services are available with a referral after initial consultation: Exercise Physiology, Exercise Physiologist Group Session and Dietician Services.

Do you have Private Health Cover?    Yes    No   Name of Health Fund .....

Medicare Number .....Ref .....Expiry date .....

Were you referred by a Medical Professional?    Yes    No   Name of Doctor .....

Name of Medical Centre.....Medical Centre Phone Number .....

I would like to pay for this service by:    Periodic Ongoing Direct Debit Weekly    Fixed Term Upfront

Concessions or loyalties available .....

*\*Please refer to Additional Program Information on page 7*

**Membership Detail – CRÈCHE**

Crèche Enrolment    Kids Club

Kid's Club is only available with an upfront payment.

*\*Please refer to Additional Program Information on page 7*

**Membership Detail – THEATRE**

Baby Boogie    Dancing Child    Junior Groovers    Creative Moves    Junior Hip Hop    Jazz Stars

I would like to pay for this service by:    Periodic Ongoing Direct Debit Weekly    Fixed Term Upfront

*\*Please refer to Additional Program Information on page 7*

**Membership Detail – ATHLETE DEVELOPMENT**

Individual Sessions    Team Sessions

Term 1    Term 2    Term 3    Term 4    12 months

I would like to pay for this service by:    Periodic Ongoing Direct Debit Weekly    Fixed Term Upfront

*\*Please refer to Additional Program Information on page 7*

**Membership Detail – TRAINING**

First Aid    CPR    Child Safe Environments    Pool Lifeguard

This service is only available with an upfront payment:    Payment Received    Manual Received

*\*Please refer to Additional Program Information on page 7*

**Membership Detail – OTHER**

Program.....

I would like to pay for this service by:    Periodic Ongoing Direct Debit Weekly    Fixed Term Upfront

*\*Please refer to Additional Program Information on page 7*





**Membership Detail – Other**

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

**Activity #1**

STARplex Service Category.....

Name of program or class .....

Day program or class is held.....

Time program or class is held.....  AM  PM

Term program or class is held            1            2            3            4            20.....

Any other information required.....

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**Membership Detail – Other**

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

**Activity #2**

STARplex Service Category.....

Name of program or class .....

Day program or class is held.....

Time program or class is held.....  AM  PM

Term program or class is held            1            2            3            4            20.....

Any other information required.....

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**Membership Detail – Other**

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

**Activity #3**

STARplex Service Category.....

Name of program or class .....

Day program or class is held.....

Time program or class is held.....  AM  PM

Term program or class is held            1            2            3            4            20.....

Any other information required.....

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**Membership Detail – Other**

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

**Activity #4**

STARplex Service Category.....

Name of program or class .....

Day program or class is held.....

Time program or class is held.....  AM  PM

Term program or class is held            1            2            3            4            20.....

Any other information required.....

**Application Details** (for 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 / Terms..... from the commencement date.  
Commencement Date .....  
Expiry Date .....

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

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

**Subtotals if attending more than 1 Activity**

Activity #1 \$.....  
Activity #2 \$.....  
Activity #3 \$.....

**TOTAL PAYMENT TODAY** \$.....

- Cash to Reception
- Eftpos

**Inclusions of Contract for**

- Medical Suspension
- Suspension (as per conditions)
- \$15 Direct Debit Rejection Fee
- Resignation fee of one week's notice (Fitness Centre)
- \$50 Membership Exit Fee for Fitness Centre (If less than 6months of paid membership. Direct debit only)
- Membership Band
- \$50 Resignation fee for Swim School (If less than 6months. Direct debit only)

**Requirements of Contract**

- Medical Clearance
- Concession Card Sighted
- Parent/guardian supervision



18-20 Alexander Ave,  
EVANSTON PARK SA 5116

Phone (08) 8522 0622  
www.starplex.com.au

**Periodic Billing by Direct Debit Details**

Please tick if you are only updating your bank details

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 Signature**.....

**SIGNING SECTION**

**Signed by the Applicant**

.....

Signed by Parent/Guardian if under 18

.....

Signed by and on behalf of the STARplex

.....

Name.....

Position .....

Date and time .....

*By signing this Membership Application Form you are agreeing to all information contained in the STARplex Members Handbook.*

