

OPERATING SINCE 2000



MEMBER NAME

MEMBER NUMBER

Two white rectangular input fields for member name and member number, separated by a vertical line.

STARplex
FITNESS WELLNESS PERFORMANCE

at Trinity College



STARplex

MEMBERSHIP APPLICATION FORM





STARplex it's all right here!

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.

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.

DIRECT DEBIT ARRANGEMENTS

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



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



18-20 Alexander Ave,
EVANSTON PARK SA 5116

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

FORM 1

RECREATIONAL SERVICES –

EXCLUSION, RESTRICTION OR MODIFICATION OF RIGHTS UNDER THE AUSTRALIAN CONSUMER LAW (SA)

YOUR RIGHTS

By signing the 'Membership Application form' you are agreeing to the following information.

Under sections 60 and 61 of the Australian Consumer Law (SA), if a person in trade or commerce supplies you with services (including recreational services), there is:

- a) a statutory guarantee that those services will be rendered with due care and skill; and
- b) a statutory guarantee that those services, and any product resulting from those services, will be reasonably fit for the purpose for which the services are being acquired (as long as that purpose is made known to the supplier); and
- c) a statutory guarantee that those services, and any product resulting from those services, will be of such a nature, and quality, state or condition, that they might reasonably be expected to achieve the result that the consumer wishes to achieve (as long as that wish is made known to the supplier or a person with whom negotiations have been conducted in relation to the acquisition of the services).

EXCLUDING, RESTRICTING OR MODIFYING YOUR RIGHTS

Under section 42 of the Fair Trading Act 1987, the supplier of recreational services is entitled to ask you to agree to exclude, restrict or modify his or her liability for any personal injury suffered by you or another person for whom or on whose behalf you are acquiring the services (a third party consumer).

If you sign the Membership Application form, you will be agreeing to exclude, restrict or modify the STARplex' liability with the result that compensation may not be payable if you or the third party consumer suffer personal injury.

IMPORTANT

You do not have to agree to exclude, restrict or modify your rights by signing this form.

The supplier may refuse to provide you with the services if you do not agree to exclude, restrict or modify your rights by signing this form.

Even if you sign this form, you may still have further legal rights against the supplier.

A child under the age of 18 cannot legally agree to exclude, restrict or modify his or her rights.

A parent or guardian of a child who acquires recreational services for the child cannot legally agree to exclude, restrict or modify the child's rights.

AGREEMENT TO EXCLUDE, RESTRICT OR MODIFY YOUR RIGHTS:

I agree that the liability of the STARplex for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is-

- (a) excluded

Definitions

1. Recreational services are services that consist of participation in:
 - a sporting activity or similar leisure-time pursuit; or
 - any other activity that involves a significant degree of physical exertion or risk and is undertaken for the purposes of recreation, enjoyment or leisure.
2. Personal injury is bodily injury and includes mental and nervous shock and death.

Further information:

Further information about your rights can be found at www.ocba.sa.gov.au

Signed by applicant:

Date.....

Witnessed by:.....

Date.....

APPLICANT DETAILS

Today's Date: / /

OFFICE USE ONLY

Member Number

Membership type

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.....

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

Student

Staff Member

Parent

Old Scholar

None

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

Trinity College Discount (STARsquad only)

RESPONSIBLE PERSON DETAILS (if applicant is under 18 only)

Surname

Given names

Male Female

Relationship to child

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

Address.....

Suburb

StatePostcode.....

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 *(please circle below)*

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
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 all medications you currently take

.....

Please list any allergies you have.....

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

.....

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
 Athlete Development Training *Please proceed to filling out only the STARplex Category that applies to you*

Membership Detail – FITNESS CENTRE

- STARMember Special.....
 STARconcession **CODE.....(OFFICE USE ONLY)**
 STARcorporate **CODE.....(OFFICE USE ONLY)**
 Couple Membership.....

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

- Group Fitness Classes Personal Training.....week/fortnight/pack Small Group 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:

- MONDAY**..... 6am – 9am 9am – 12pm 12pm – 3pm 3pm – 6pm 6pm – 9.30pm
 TUESDAY..... 6am – 9am 9am – 12pm 12pm – 3pm 3pm – 6pm 6pm – 9.30pm
 WEDNESDAY..... 6am – 9am 9am – 12pm 12pm – 3pm 3pm – 6pm 6pm – 9.30pm
 THURSDAY..... 6am – 9am 9am – 12pm 12pm – 3pm 3pm – 6pm 6pm – 9.30pm
 FRIDAY..... 6am – 9am 9am – 12pm 12pm – 3pm 3pm – 6pm 6pm – 9.30pm
 SATURDAY..... 7am – 10am 10am – 2pm
 SUNDAY..... 8am – 10am 10am – 1pm

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

Membership Detail – FITNESS (KIDS)

DANCE PROGRAMS

- Baby Boogie
 Dancing Child
 Creative Moves
 Junior Hip Hop

KIDS FITNESS PROGRAMS

- Kids' Yoga
 Fit & Active Kids

Membership Detail – COURTS

COURTS PROGRAMS

- Gymnastics
 Kindergym
 Babygym
 Other.....

Paid Insurance *(please tick appropriate box)*
 Gymnastics \$50 per year *(Gymnastics SA)*
from 1st May 2018

Membership Detail – SWIM CENTRE

- Swimming Lessons STARSquad..... ➔ Periodic Ongoing Direct Debit Weekly
 Aqua Lap & Recreational Swimming..... ➔ Fixed Term Upfront
Please note: Aqua, Lap & Recreational Swimming are subject to review.
 Swim Centre Membership..... ➔ Periodic Ongoing Direct Debit Weekly

Concessions or loyalties available

PAYMENT & CONDITIONS

Application Details (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 & Swim Centre)
- \$50 Membership Exit Fee for Fitness Centre (If less than 6months of paid membership. Direct debit only)
- Membership Band
- \$50 Exit fee for Swim School (If cancelling prior to the 16 week minimum enrolment period)

REQUIREMENTS OF CONTRACT

- Medical Clearance
- Concession Card Sighted
- Parent/Guardian Supervision

SIGNING SECTION

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

Signed by the Applicant

.....

Signed by Parent/Guardian if under 18yrs

.....

Signed by and on behalf of STARplex

.....

Name.....Position.....Date & time.....

at **STARplex**

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



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