



Update Form

TODAYS DATE: / /

OFFICE USE ONLY
 Member Number
 Membership Type.....

Applicant Details

Applicant Personal Details

Surname Postal Address
 Given names
 Mobile Number Email
 Home Number D/O/B

Responsible Person/Emergency Contact Name Phone Number
 Relationship.....

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 Other.....

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 (please tick below):

I would like to enrol in the following **new** program (please tick below):

I would like to upgrade / downgrade from to

I would like to cease the following program

FITNESS CENTRE	<input type="checkbox"/> STARmember..... <input type="checkbox"/> STARconcession..... <input type="checkbox"/> STARcorporate..... <input type="checkbox"/> Special..... <input type="checkbox"/> Add Group Fitness <input type="checkbox"/> Add Small Group Training <input type="checkbox"/> Add Personal Training.....week/fortnight <input type="checkbox"/> 10 Pack Personal Training
Kids Dance/ Fitness	<input type="checkbox"/> Baby Boogie <input type="checkbox"/> Dancing Child <input type="checkbox"/> Creative Move <input type="checkbox"/> Junior Hip Hop <input type="checkbox"/> Fit & Active Kids <input type="checkbox"/> Kids Yoga
SWIM CENTRE	<input type="checkbox"/> Swim Lessons <input type="checkbox"/> Swim Squad <input type="checkbox"/> Aqua <input type="checkbox"/> Lap/ Recreational Swimming
KIDS PROGRAM (COURTS)	<input type="checkbox"/> Badge <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kindergym <input type="checkbox"/> Babygym
CRÈCHE	<input type="checkbox"/> Kids Club <input type="checkbox"/> Crèche

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

Additional Information:

Membership Fees & Terms

I would like to pay my membership by:

Ongoing Periodic Billing by Direct Debit

New Commencement Date...../...../.....

Special Locked in.....months direct debit

Fixed Term Upfront Pre-Payment for the term/visits of

New Expiry Date...../...../.....

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

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

Direct Debit Rejection Fee \$.....

\$15 Direct Debit Rejection Fee

Exit Fee (within first 6 months) \$.....

\$50 Membership Exit Fee for Fitness Centre

Exit Fee \$.....

*Resignation fee of one week's notice
(Fitness Centre & Swim Centre)*

TOTAL PAYMENT TODAY \$.....

Cash to Reception Eftpos

Subtotals if attending more than 1 Activity

Activity #1 \$.....

Activity #2 \$.....

Activity #3 \$.....

Swim School – 2 weeks' notice (before the next fortnightly debit cycle) must be given when cancelling. (Option: Child/ren are eligible to swim in those 2 weeks)



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.

STARplex 18-20 Alexander Ave, EVANSTON PARK SA 5116 **Phone** (08) 8522 0622 **www.starplex.com.au**