



# 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 .....

<b>FITNESS CENTRE</b>	<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
<b>Kids Dance/ Fitness</b>	<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
<b>SWIM CENTRE</b>	<input type="checkbox"/> Swim Lessons <input type="checkbox"/> Swim Squad <input type="checkbox"/> Aqua <input type="checkbox"/> Lap/ Recreational Swimming
<b>KIDS PROGRAM (COURTS)</b>	<input type="checkbox"/> Badge <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kindergym <input type="checkbox"/> Babygym
<b>CRÈCHE</b>	<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

Special Locked in.....months direct debit

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

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

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.**