



# PHOENIX CLUB MEMBERSHIP



## CHILD'S PERSONAL DETAILS

TITLE \_\_\_\_ FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ M / F  
 D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SCHOOL CHILD ATTENDS \_\_\_\_\_  
 PARENTS NAME \_\_\_\_\_ CONTACT DETAILS (HOME) \_\_\_\_\_  
 (WORK) \_\_\_\_\_ (MOBILE) \_\_\_\_\_ EMAIL \_\_\_\_\_  
 POSTAL ADDRESS \_\_\_\_\_ SUBURB \_\_\_\_\_ P/ CODE \_\_\_\_\_

## STATUS

New member [  ]      Renewing Member [  ]      Upgrading member [  ]

## PARENTING ORDERS

Are there any parenting orders and/or parenting plans under the Family Law Act 1975 (CWLTH) that pertains to this child?

Yes / No (please circle)

If Yes, please specify details ( a copy of the plan / order will be required)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE CLUB?

Friend [  ]      Signage [  ]      Mail out [  ]      Yellow pages [  ]      Newspaper [  ]  
 TV [  ]      Radio [  ]      Other \_\_\_\_\_

## I WOULD LIKE TO KNOW MORE ABOUT:

Childminding [  ]      Parking on Campus [  ]      Opening Times [  ]      Cancellation Policy [  ]  
 Success Coaching [  ]      Massage Clinic [  ]      Website [  ]      Children's Activity Programs [  ]  
 Learn to Dance [  ]      Self Defence classes [  ]      Social Sport [  ]      After School Care [  ]

# FEES & CHARGES

## CASUAL FEES

- Per visit — \$8.00
- 12 visit pass — \$70.00

(Visit passes will expire 12 months from issue date. Any unused visits will expire.)

- Massage \$30.00 (1/2 hr)
- Hire Towel \$3

# TERMS & CONDITIONS

1 January 2009

- I agree to fulfil the financial commitments of this membership agreement even in the event of me not attending 'the Club', or utilising its services..... [ ] Initials [ ]
- I acknowledge that:
- I have read and understood 'The USQ Works' Membership procedures and agree to the same..... [ ]
  - If I believe there is a risk to my child's health by participating in a fitness service at this fitness centre, I must inform the centre in writing about the risk..... [ ]
  - I may be required to produce a Doctors clearance letter if any medical conditions that my child has could be adversely affected by exercise..... [ ]
  - That whilst participating in such activity:
    - \* My child may be injured, physically or mentally, or may die.
    - \* My child's personal property may be lost or damaged.
    - \* Other persons participating in such activity may cause my child injury or may damage their property.
    - \* My child may cause injury to other persons or damage their property.
    - \* The conditions in which the activity is conducted may vary without warning.
    - \* My child may be injured or die or suffer damage to my property as a result of the negligence or breach of the contract of the Recreational Activity Provider.
    - \* There may be no or inadequate facilities for treatment or transport of my child if I am injured.
  - I assume the risk of and responsibility for any injury, death or property damage resulting from my child's participation in the activity..... [ ]
  - If I elect to cancel my child's membership
    - (1) Within the 'Cooling off' period (48 hours from joining) I will receive a refund, less an administration fee of \$60
    - (2) as a result of permanent sickness or physical incapacity, written notice and a medical certificate supporting permanent sickness or incapacity is required. An administration fee of \$60 will apply.
    - (3) for any other reason, that no refund of upfront payments is available and the minimum requirements of an Easy pay membership must be fulfilled.
 Written notice must be supplied for any cancellation reason..... [ ]
  - A towel must be used at all times during your child's work out in the centre to cover exercise machines and remove sweat left on machines in the process of performing their exercise. My child will not be able to use the facilities if they do not have a towel or appropriate enclosed shoes..... [ ]
  - 'the Club' reserves the right to extend or revoke this membership at any time without explanation and remove from the premises any member or person invited by him/ her who may be involved in unacceptable or inappropriate behaviour. No refund will be given to any Members or guests who are removed..... [ ]
  - **I AGREE TO RELEASE AND INDEMNIFY** the Recreational Activity Provider as follows:
    - My child participates in the activity at their own risk and responsibility.
    - I release, indemnify and hold harmless the Recreational Activity Provider, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to my child or my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from the breach or an express or implied warranty that the recreational services or activity will be rendered with reasonable care or skill.
    - In the event that my child is injured or my property is damaged, I will bring no claim, legal or otherwise, against the Recreational Activity Provider in respect of that injury or damage. [ ]
  - I have read the whole of this document and understand it..... [ ]
  - I consent to the person named in this Acknowledgment and Release participating in the activity, and I am aware of the risks, dangers and obligations set out above in this Acknowledgement and Release..... [ ]
  - If I am not the parent of the person named in this Acknowledgment, I shall at all times during the activity keep such person under my control or in my company..... [ ]
  - In consideration of the person named in this Acknowledgment and Release being accepted to participate in the activity I AGREE TO RELEASE AND INDEMNIFY the Recreational Activity Provider in the same manner and to same effect and extent [ ]

I, \_\_\_\_\_ am aware of the pricing structure and terms and conditions of The USQ Works membership and services.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_ am / pm

SIGNATURE OF MEMBER: \_\_\_\_\_

WITNESS: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

OFFICE USE ONLY	
<b>MEMBERSHIP</b>	
Campaign _____	No Campaign
Membership Fee \$ _____	Start Date: ___/___/___    Expiry Date: ___/___/___
<b>PAYMENT</b>	
Payment Received \$ _____	Cash    EFTPOS    Cheque    Invoice/ Account
<b>DATA ENTRY</b>	
Payment Details Entered [ ]	Initials _____ Date ___/___/___
Member Details Entered [ ]	Initials _____ Date ___/___/___

