



Casual Membership

First Name _____ Surname _____

Address _____

Suburb _____ Postcode _____

Email _____

Phone Number _____ Mobile _____

Date of Birth ____ / ____ / ____ Gender Male Female

Emergency Contact

Name **X** _____ Phone _____

Facilities I intend to use

- | | |
|--|--|
| <input type="checkbox"/> Gym | <input type="checkbox"/> Boxing |
| <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Kids Club |
| <input type="checkbox"/> RPM | <input type="checkbox"/> Other _____ |

How did you find out about us? _____

Conditions

Casual membership entitles the above mentioned to use The Gap Health & Racquet Club's facilities on a casual basis for the payment of the casual fee, or on presentation of a free visit pass.

Please read the following and sign as recognition of the following terms:

By signing below, I advise The Gap Health & Racquet Club that I am physically capable and have no medical condition that will endanger my health by using the facilities of The Club. In the case of an existing medical condition, I confirm that I have received medical advice permitting me to use the facilities at The Club and advising that my condition will not endanger my health or that of others.

I acknowledge that I will not hold The Club liable for any personal injury or damage or loss of my property while I am on The Club's premises.

I also acknowledge that The Gap Health & Racquet Club reserves the right to either refuse my entry or terminate my visits if my actions or behaviour are considered dangerous to myself or others on The Club's premises. By signing, I agree to abide by The Club's rules and regulations.

Signed **X** _____ Date _____

Office Use Only

Processed by _____ Date _____

Complimentary Visit Letter of offer sent Staff _____

Comments _____