



REDEMPTION
STRENGTH • CONDITIONING

Membership Details

Name:

DOB:

PH Mob:

PH Home:

Email:

Emergency Contact Name:

Emergency Contact Details:

Please answer the following questions

YES NO

Has your GP ever said that you have a heart condition?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance or dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in physical activity?		
Has your GP currently prescribed drugs for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

*If you've answered 'yes' to any of the above questions you will be asked to seek medical advice from your GP or Medical Advisor. We will still be able to process your membership; however, **you will need to bring a letter of consent signed by your GP or Medical Advisor with you on your first gym session.***

Membership Agreement

These terms govern the access or use by you of Redemption S&C, equipment and other related services. Before accessing or using our services please read and understand the following terms.

- MEMBERSHIPS** (a) To inform Redemption S&C of any change of personal details, including: postal address, contact phone number, email address and any relevant information regarding your membership. (b) Confirm all personal health and fitness information prior to start of your membership. (c) Not to use Redemption S&C if you are suffering from any infections, contagious illness, disease or physical condition such as open cuts, sores or infections that could cause harm to other members or staff. (d) Agree with gym rules at all times. (e) To always use a towel on Redemption S&C equipment and to wipe down all equipment with cleaning spray after use. (f) To always wear covered shoes but not gumboots, work boots or slippers. (g) If you forget to cancel the membership after agreed date has passed, no refund is given. (h) Memberships maybe transferred to a new member for a fee set out by Redemption S&C. (i) All memberships are paid weekly until a cancellation date has been set. Notice must be given before cancelling a membership and acknowledge to pay until it's been terminated.
- MINOR CONSENT (UNDER 18)** (a) If under the age of 18 your parent or guardian must be present at the signing of your membership agreement and co sign the document. Also agree to these Terms & Conditions. (b) Minor consent must be filled out prior to start of your membership.
- PAYMENT OF FEES / MEMBERSHIP** (a) You agree an automatic payment will debit your nominated account weekly or fortnightly the amount attached to your membership. Any missed payments will be accounted and repaid. If your account becomes greater than 4 weeks overdue, your membership will be terminated.
- PAY IN ADVANCE MEMBERSHIP** (a) Pay in advance memberships are non-refundable. Even in the event of a zombie apocalypse, non-use of gym does not mean refund.
- PERSONAL PROPERTY** (a) You acknowledge that while in the facility you're responsible for your own belongings. Redemption S&C is only responsible for the minimum requirements by law, such as nuclear weapon locations and biochemical warfare tactics.

I have read and understood the terms and conditions set out by Redemption S&C and I agree to sign my life away, put into the hands of the iron barbell.

Members Signature:

Date:

Admin Use Only

Date Received:

Recorded/Checked By:



REDEMPTION
STRENGTH + CONDITIONING

OPTION 1: SET UP AP ONLINE

Account Name: Redemption S&C (Strength & Conditioning)
Bank: Westpac New Plymouth
Reference: <i>example</i> (J BLOGGS)

0 3	0 7 1 3	0 0 5 1 9 0 8	0 0
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OPTION 2: SET UP AP VIA BANK

1. Your details to go to bank:

Name of Account:

Name of Bank:

Account Number:

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Reference to appear on bank statement: *example* (J BLOGGS)

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2. Frequency and Amount:

First Payment date:	D	D	M	M	Y	Y	Y	Y	Final date:	D	D	M	M	Y	Y	Y	Y
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Or until further notice

Fixed amount:	\$								
Amount in words:									

Weekly
 Fortnightly
 Monthly
 4-Weekly

3. Authorization

I authorize you to make automatic payments to the payee by withdrawing funds from my/our account. Where there is not enough money in my/our account to make the requested automatic payment, I/we acknowledge that the bank may still honour the payment or try again before dishonouring the payment.

I agree that this authority is subjected to the terms and conditions that relate to my account.

Customer
Signature

Date:

Admin Use Only

Date Received:

Recorded/Checked By: