Membership Details		)
Name:		
DOB:		
PH Mob:	REDEMP <sup>*</sup>	TIC
PH Home:	STRENGTH • CONDI	LIONING
Email:		
Emergency Contact Name:		
Emergency Contact Details:		
Please answer the following ques	tions YES	NO
Has your GP ever said that you have a heart condition	on?	
Do you feel pain in your chest when you do physical	activity?	
In the past month, have you had chest pain when yo	ou were not doing physical activity?	
Do you lose your balance of dizziness or do you eve	r 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 blo	od pressure or heart condition?	
Do you know of any other reason why you should n	ot do physical activity?	
services please read and understand the following ter 1. MEMBERSHIPS (a) To inform Redemption S&C of a	mption S&C, equipment and other related services. Before accessing or usin rms. ny change of personal details, including: postal address, contact phone num membership. (b) Confirm all personal health and fitness information prior to	ber, emai
such as open cuts, sores or infections that could caus use a towel on Redemption S&C equipment and to w shoes but not gumboots, work boots or slippers. (g) It given. (h) Memberships can be transferred to a new r	you are suffering from any infections, contagious illness, disease or physical or element to other members or staff. (d) Agree with gym rules at all times. (e) hip down all equipment with cleaning spray after use. (f) To always wear cover you forget to cancel the membership after agreed date has passed, no refur member for a fee set out by Redemption S&C. (i) All memberships are paid we given before cancelling a membership and acknowledge to pay until it's beautiful to the second support of the second	To always vered ind is veekly
agreement and co sign the document. Also agree to t membership.	of 18 your parent or guardian must be present at the signing of your membe hese Terms & Conditions. (b) Minor consent must be filled out prior to start n automatic payment will debit your nominated account weekly or fortnight!	of your
the amount attached to your membership. Any misse weeks overdue, your membership will be terminated	ed payments will be accounted and repaid. If your account becomes greater	than 4
- · · · · · · · · · · · · · · · · · · ·	nile in the facility you're responsible for your own belongings. Redemption Souch as nuclear weapon locations and biochemical warfare tactics.	&C is only
I have read and understood the terms and away, put into the hands of the iron barbo	d conditions set out by Redemption S&C and I agree to sign lell.	my life
Members Signature:	Date:	

**Admin Use Only** Date Received: Recorded/Checked By:



## **Payment Details**

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Step 1: Choose Your Membership						
$\bigcirc$	Rolling Gym Membership \$15 per week	$\bigcirc$	Group Training Program \$30 per week			
$\bigcirc$	Rolling Gym Membership \$60 per 4-weeks	$\bigcirc$	Personal Training (one-to-one) \$100 per week			
$\bigcirc$	Pay In Full Membership \$325 per 6 months	$\bigcirc$	Personal Training (paired) \$120 per week			
$\bigcirc$	Pay In Full Membership \$520 per 12 months	$\bigcirc$	Other Discussed with member of staff			
All memberships are flexible and can be cancelled any time. Excluding pay in full.						
Sten 2: S	et Up Automatic Payment (AP) Online					
•						
Automatic	payment can be made to the account below.					
Account Name: Redemption S&C (Strength & Conditioning)						
Bank: Westpac New Plymouth						
Reference: Initial and Surname - example (J BLOGGS)						
0 3 0 7 1 3 0 0 5 1 9 0 8 0 0						
Frequency						
Weekly Fortnightly Monthly 4-Weekly						
Step 3: Agreement						
I agree to make automatic payments to Redemption S&C 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. In the circumstance a payment is missed, I/we agree to contact Redemption S&C and arrange repayment.						
I agree that this authority is subjected to the terms and conditions that relate to my account.						
Custome Signature		Date:				

**Admin Use Only** Date Received: Recorded/Checked By: