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| **MEMBERSHIP APPLICATION** |
| Name |  |
| Address |  |
| Phone |  |
| Mobile |  |
| DOB |  |
| Email |  |
| Emergency Contact:Name |  |
| Emergency Contact: Phone |  |
| **Application Date** |  |
| **How did you hear about us?** **Are you a past member?**(If from a friend, please name) |   |
| **I have chosen to become a member of (please circle logo below):** |
|  |  |  |
| I have chosen to pay my membership by (please circle one):**Upfront Membership – 12 Month Membership / 6 Month Membership**(contract is subject to a 7 day cooling off period)**Fortnightly Direct Debit – Direct Debit Membership / Premium Membership Package** **My first direct debit will be Wed \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**  | Please initial: |
| I acknowledge and accept the Terms and Conditions of membership. |  |
| I understand to suspend or cancel my membership I must personally come into Healthy Horizons reception and sign the appropriate form.I acknowledge a 48 hour (2 day) notice period for Premium Package, 12 Month & 6 Month Upfront memberships applies for a suspension **OR** a 2 week (14 day) notice period for Direct Debit Memberships prior to suspension or cancellation is required. |  |
| I consent to the use of my image in photos and or short recordings that may be used by Healthy Horizons/ HoriZEN marketing including advertisements, email, and social media.  |  |
| I consent to be added to Healthy Horizons/ HoriZEN email list. I understand I can opt out at any time. |  |
| I apply to become a member of **Healthy Horizons** **– ABN 43613283607, Lot 1 Old Forcett Road** (the “**Fitness Business**”) on the basis of this application (“**Membership Application**”) and the attached membership terms and conditions (“**Terms and Conditions**”) which together form the contract between us (“**Contract**”)**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Applicant: |

**Fees (all Fees include GST)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Healthy Horizons** | **HoriZEN** | **HHH** |
| **12 Month Membership** | **$1485 Adult / $1312 Teen**  | **$1732 Adult / $1534 Teen** | **$2028 Adult / $1732 Teen** |
| \*members are able to put membership on hold for periods of 2 weeks or more with no fee with two days notice |
| **6 Month Membership** | **$761 Adult / $672 Teen**  | **$888 Adult / $786 Teen** | **$1040 Adult / $888 Teen** |
| \* members are able to put membership on hold for periods of 2 weeks or more with no fee with two days notice |
| **Fortnightly Direct Debit** | **$60 Adult / $53 Teen** | **$70 Adult / $62 Teen** | **$82 Adult / $70 Teen** |
| \*plus 48c direct debit fee (plus additional charges for credit cards) \*members are able to put membership on hold for periods of 4 weeks or more with no fee with 2 weeks notice |
| **Premium Membership Package**Includes membership to:Healthy Horizons GymHealthy Horizons Classes2 x 30 Min PT sessions per weekHoriZEN Wellness Studio Classes |  **$262 Adult Fortnightly Direct Debit** |
| \*plus 48c direct debit fee (plus additional charges for credit cards) \*Includes 2 x 30 Min HH PT Sessions per week plus HHH membership. \*members are able to put membership on hold for periods of 2 weeks or more with no fee |
| **Joining & Administration fees** | **Not applicable** |
| **Direct Debit Dishonour Fee** | **$15.00** |

**PLEASE READ THE MEMBERSHIP TERMS & CONDITIONS - If there is something you do not understand please feel free to discuss them with Healthy Horizon’s staff.**

*We love that you have chosen to workout with us...here’s to health, happiness and a bright horizon.*

**Christine Gaby and Jess Suter**

**(HHH Owners/Managers)**

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| **PRE- EXERCISE SCREENING TOOL**  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile / Phone |  |
| DOB |  |
| Email |  |
| Emergency Contact:Name |  |
| Emergency Contact: Phone |  |
| **I acknowledge Healthy Horizons COVID - 19 safety guidelines and will only attend the facility pending:*** I am not experiencing any symptoms of COVID-19
* I am not awaiting a COVID-19 test result or have been directed to isolate
* I agree to follow and implement all COVID 19 safety guideline procedures in line with Healthy Horizons and the current Tasmanian Government Health Department recommendations.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
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| **Pre Exercise Questionnaire:** | **Please circle response:** |
| **1.** | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes | No |
| **2.** | Do you ever experience unexplained pains in your chest at rest or during physical activity/ exercise? | Yes | No |
| **3.** | Do you ever feel faint or have spells of dizziness during physical activity/ exercise that cause you to lose balance? | Yes | No |
| **4.** | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes | No |
| **5.** | If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | Yes | No |
| **6.** | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical exercise/ activity? | Yes | No |
| **7.** | Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity / exercise? | Yes | No |
| **8.** | Are you pregnant / have you given birth in the last 2 months? | Yes | No |

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| **If you answered YES to any of the above questions:**Please seek guidance from your GP or appropriate Allied Health Professional prior to undertaking physical activity/ exercise.  |
| **If you answered NO to all questions above:**And you have no other concerns about your health, you may proceed to undertake light – moderate intensity physical activity / exercise. |

***I believe that to the best of my knowledge, all of the information I have supplied is true and correct.***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for choosing Healthy Horizons and HoriZEN.***

***We look forward to helping you better care for your health and wellness.***

|  |  |  |
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| **Administration – Entered By (Staff Name):** | **Administration checklist:** |  |
| **Pre-screening form**  |  | **Membership account created & entered** |  |
| **Direct Debit Authority Form**  |  | **DD membership – details entered** |  |
| **Membership Tag #** |  | **Contact added to Mail Chimp list** |  |
| **Photo** |  | **Contact added to HoriZEN (HHH /Zen members)** |  |
| **Private Health Fund** |  | **Referral? Email and note on referee file** |  |
| **Adjunct Care Form** |  |  |  |
| **All boxes ticked / signature** |  |  |  |
| **Hot Drink & Pen****Free Pass with Timetable** |  |  |  |
| **For NEW HH & HHH memberships****(or those who haven’t been a member in past 12 months)** | **Additional Notes:** |
| **Evolt Scan Booking** |  |
| **Gym Intro session booking** |  |