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):

healthyhorizons CLOSER THAN YOU THINK...	HoriZEN	HHH = healthyhorizons + HoriZEN

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	**$1532 Adult / $1359 Teen**	**$1789 Adult / $1581 Teen**	**$2100 Adult / $1789 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	**$786 Adult / $697 Teen**	**$913 Adult / $811 Teen**	**$1077 Adult / $913 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	**$62 Adult / $55 Teen**	**$72 Adult / $64 Teen**	**$85 Adult / $72 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 Gym Healthy Horizons Classes 2 x 30 Min PT sessions per week HoriZEN Wellness Studio Classes	**$269 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 Jamie Stubbs
(HHH Owners/Managers)

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		**If NO consent to photos/video – update list & add to notes**	
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			

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 _____

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

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.