



MEMBERSHIP APPLICATION FORM

Financial Member:

GIVEN NAME _____ SURNAME _____ D.O.B ____/____/____

ADDRESS _____ SUBURB: _____ Postcode: _____

Male / Female PHONE (h) _____ (m) _____

Email: _____

Emergency Contact: _____ Relationship to Member: _____ PHONE: _____

Commencement Date: ____/____/____ Expiry Date ____/____/____

Additional Members: (Family memberships)

_____	M / F	D.O.B. ____/____/____	(office use)	M/SHIP NO _____
_____	M / F	D.O.B. ____/____/____	(office use)	M/SHIP NO _____
_____	M / F	D.O.B. ____/____/____	(office use)	M/SHIP NO _____
_____	M / F	D.O.B. ____/____/____	(office use)	M/SHIP NO _____
_____	M / F	D.O.B. ____/____/____	(office use)	M/SHIP NO _____

MEMBERSHIP PACKAGE OPTIONS							
<input type="checkbox"/>	STATUS NEW MEMBER	<input type="checkbox"/>	TYPE PLATINUM	<input type="checkbox"/>	GROUP ADULT	<input type="checkbox"/>	TERM MEMBERSHIP 12 MONTHS
<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	GOLD	<input type="checkbox"/>	CONCESSION/STUDENT	<input type="checkbox"/>	
<input type="checkbox"/>	UPGRADE	<input type="checkbox"/>	AQUA	<input type="checkbox"/>	CHILD	<input type="checkbox"/>	DIRECT DEBIT
<input type="checkbox"/>	CORPORATE	<input type="checkbox"/>	MULTI PASS	<input type="checkbox"/>	FAMILY		
		<input type="checkbox"/>	SWIM SCHOOL				

(If Concession)
Type: _____ Exp date: _____

(If Corporate)
Company Name _____ ID Sited (payslip, cover letter) _____

(If Insurance covered)
Insurance Company: _____ Service Provider Company Name _____

TERMS and CONDITIONS DECLARATION

- * I hereby attest that my medical condition has been verified as suitable to undertake a course of physical activity by a licensed Medical practitioner.
- * I hereby acknowledge I have read, understand and agree to abide by the Bluewater Membership Policy and the conditions therein.
- * I hereby consent to receive medical treatment advisable by medical practitioner by a qualified member of staff to prevent injury or illness during centre use.
- * I the undersigned, as an application for a membership for myself and my stated family members (as electors), hereby waive all and any claim, right or course of action for which I might sustain or suffer loss of life or injury of any description, consequent upon my participation or use of Bluewater facilities and programs.
- * I hereby acknowledge I have sole responsibility for my personal belongings and equipment during participation and use of Bluewater facilities and programs.
- * I hereby agree to accept advice, guidance and instructions provided by qualified Bluewater Fitness Centre Staff only, prior to and during participation and use of all Bluewater facilities and programs.
- * I hereby agree to follow all written Terms and Conditions, Behavioral Rules and Notices placed within the facilities.
- * I hereby agree that Bluewater fitness centre management reserves the right to refuse, revoke and forbid entry and membership status to any person (including electors) not respecting the membership Terms and Conditions.

(Compulsory)

I have read and understand and agree to the terms and conditions applicable to my membership: Yes / No
 Is there any reason, illness, injury or impairment that may inhibit, limit, influence or restrict you in undertaking physical activity: Yes / No

CUSTOMER SIGNATURE _____ STAFF NAME _____