



MEMBERSHIP JOINING FORM

DATE:

STADIUM 2000 STAFF MEMBER:

PERSONAL DETAILS

Full Name (First) _____ (Last) _____

Date of Birth _____ Email _____

Address _____

Town _____ Post code _____

Phone (h) _____ (W) _____

(m) _____ Gender: (please circle one) MALE / FEMALE

Corporate/Student _____ Medical Clearance required: YES (please attach) / NO

EMERGENCY CONTACTS

Name _____ Phone _____

Relationship to you _____

Membership Prices

Pool Only or Gym Only	Price per week	Total Price	Pool and Gym	Price per week	Total Price
1 month		n/a	1 month		\$120.00
3 months		\$259.00	3 months		\$315.00
6 months		n/a	6 months		\$520.00
12 months	\$12.50	\$650.00	12 months	\$15.00	\$780.00

Please note if paying via direct debit that the overall fee may alter slightly depending on your deduction day

PAYMENT DETAILS (To be completed by staff)

Membership Information		Total Amount	Today	Balance
Type: Eg.Membership Gym or Pool		\$	\$	\$
Photo Taken:				
Membership Length		Start Date	Membership Direct Debit Information	
1 month			Weekly	
3 months			Fortnightly	
6 months			Four Weekly	
12 months			First DD date/day:	

Appointment Booking (date/time/Instructor)	
--------------------------------------------	--

Office Use Only (12 month memberships)			
Clubware		Online Banking	
Expiry Date		Copy of DD form	

DEFINITIONS

In this agreement

Member means you, the person who is applying for the membership

Membership means this agreement and the terms and conditions contained in it.

The Centre means Marlborough Lines Stadium 2000, or, Stadium Health & Fitness, or Marlborough Stadium Trust, and the facilities contained within it that you are applying to join.

A. MEMBERSHIP CONDITIONS

- (i) All membership conditions have been established to ensure maximum enjoyment and usage of the centre by all health club members and to ensure ongoing success of the business. On acceptance by the centre of this agreement you will be referred to as a 'member' and have the usage rights and obligations as set out below.

B. GENERAL

- (i) One month's payment is required at time of sign up to the facility. This allows Stadium 2000 time to process your Direct Debit form with your bank. \$50.00 with a gym or aquatics only or \$60.00 for the combined membership.
- (ii) Notification to temporarily suspend or cancel membership must be in writing and within 14 days of the next weekly/fortnightly/monthly billing date to successfully suspend or cancel the membership. If notification of intent to suspend or cancel is not received 14 days prior, the account will be charged as agreed.

C. MEMBERSHIP ACCESS

- (i) Membership is commenced on the date stated on the membership application form. A member must present their membership card for admittance to the centre. Admittance may be refused if a member fails to provide his/her card on request of centre staff. A \$4.00 fee will be charged to replace membership cards which are lost or stolen.
- (ii) Membership is personal to the 'member' and membership cards cannot be assigned or transferred to another person unless authorised by the centre.
- (iii) Transfers of membership must be approved by management, and only transferred to a non member. An administration fee of \$20 to process the transfer including changing of automatic payment details and issue of a new card will apply.

D. LEGALLY BINDING AGREEMENT

- (i) This agreement is legally binding whether the use of the facility and its services is determined and paid on a yearly, four weekly, fortnightly, weekly or individual basis.

E. PRICE INCREASES

- (i) Increases in membership fees may occur, however members will be given no less than 60 days written notice of all increases.
- (ii) The member has the right to cancel their membership if they are dissatisfied with the price increase and receive a refund for any payments that have been made in advance.
- (iii) If the member elects to cancel their membership under this clause, the member must give written notice to the centre within 14 days of the date of the notice to increase prices.

F. CANCELLATION OF MEMBERSHIP

- (i) Membership may only be cancelled in the following circumstances:
- (ii) The member may cancel in the event of death, serious illness, permanent injury, medical disability or a move/relocation more than 25km's away from the centres location.
- (iii) With any cancellation under clause F(ii), the centre shall have the right to require and verify reasonable evidence in writing of the change in my circumstances i.e. Doctor verification. In the event of any cancellation a member must give 14 days' notice in writing.
- (iv) Memberships will be cancelled automatically at the end of the term that the member signed up for.

- (v) The centre may elect to cancel the members' membership subject to Clause I, for misconduct from the member.

G. PRIVILEGE TO SUSPEND

- (i) Suspension privileges may be available. All members must apply in writing for suspension. A single suspension of 4 weeks and up to a maximum of 12 weeks may be available in any year. Suspension notification will not be accepted by phone.

H. UNAVAILABILITY OF FACILITY OR SERVICES

- (i) A particular facility or service within the centre premises may be unavailable at any particular time due to mechanical breakdown, fire, act of God, condemnation, loss of lease, catastrophe, or any other reason.
- (ii) On rare occasions conflicting demands of the facility or within the business, may also mean that diminished service of access occurs.
- (iii) The centre has the right to vary hours of operation according to reasonable business needs.
- (iv) The centre reserves the right to vary, add or eliminate from time to time any of the particular facilities or services provided by the centre according to business needs. If such changes materially impact on your membership then membership may be terminated and any payments in advance refunded.

I. CONDUCT WITHIN THE CENTRE

- (i) Management reserves the right to refuse entry, cancel a membership or request a member or casual exercise patron to leave the premises if the member does not behave in a responsible manner, is under the influence of drugs and/or alcohol or does not adhere to the conditions of use.
- (ii) Members are required to adhere to 'Guidelines for Members' displayed in the premises. These should be expected to change from time to time.
- (iii) In the event that this occurs, Stadium Health & Fitness will not be required to refund any portion of the membership for the time that the member is temporarily excluded.
- (iv) The centre reserves the right to cancel this membership agreement and request return of membership card at its discretion.
- (v) Reasons may include but are not limited to a member's behaviour interfering with: the enjoyment of the facility by other members, services vary beyond reasonable expectation of a member, behaviour which in the opinion of the centre behaviour interferes with the general smooth running of the business.
- (vi) Before the membership cancelled, the centre will give written notice to the member expressing their intention to cancel the membership outlining the reasons why the membership may be cancelled. The member will have the right to respond in writing within 7 days to the manager and provide reasons to support their side as to why their membership should not be cancelled. The centre will consider the member's views before making a final decision.
- (vii) Upon cancellation of the membership under this clause, any payments in advance of the date that the membership is cancelled will be refunded (less an administration fee of \$20 to process any refund and cancellation).

J. AGE REQUIREMENT

- (i) Unless specific permission is provided in writing from the centre management, all persons must be 16 years or older to be a member and use the health clubs facilities & services. Children are not permitted in the health club whilst a parent/guardian is exercising. An adult must actively supervise children under the age of eight using the pool facilities at all times.

K. APPAREL

- (i) For your comfort and safety, appropriate footwear (sports joggers/runners) and clothing must be worn at all times whilst in the health club. Jandals, sandals and jeans are not permitted within the health club. All members are required to carry a towel during workouts at all times and wipe down equipment after use. A good standard of personal appearance and hygiene is required of all members.

L. PERSONAL TRAINING

- (i) Personal Training is available as an additional service. For further information on the benefits and cost of personal training please see a staff member who will be happy to assist.
- (ii) Only centre approved Personal Trainers are permitted in this facility.

MEMBER DECLARATION

I, and if being a minor, my parent/s guardian/s for and on behalf of myself, acknowledge that during all such times I am on the premises of or included in any activity external to the premises which is organised, approved or endorsed by Stadium Health & Fitness as an activity for me to take part in, both my property and person shall be at my own risk.

I will not hold Stadium Health & Fitness liable for any personal injury or loss of property which may arise from the negligence of Stadium Health & Fitness its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators or other parties providing services through or in the facilities of Stadium Health & Fitness. I warrant that I am physically fit and free of any impairment to engage in exercise and fitness programs at the centre.

I have read, understood and agree to, all membership entitlements, obligations and terms and conditions specified (A-L) on all three pages of this membership form (including the Health and Fitness Centre Familiarisation section on the retained copy)

I understand Stadium 2000 will require my photo to ensure non-transferable use and provide membership protection.

I understand that Stadium 2000 requires an initial appointment with a trainer prior to any Health and Fitness Centre use.

Name:

Signature:

Parent or guardian if under 18years

Name:

Signature:



PRE-EXERCISE SCREENING

Full Name: _____ Date: _____

Date of Birth: _____

Male ☐

Female ☐

Please tick appropriate box

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 causes 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 activity/exercise?

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 ☐

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, 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 within this tool is correct

Signature: _____

Date: _____

Parent or Guardian Signature: _____

If under 18 years of age

Please Note: This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death.





NAME OF ACCOUNT:	AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)																														
CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"> Authorisation Code </td> </tr> <tr> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 10%; text-align: center;">1</td> <td colspan="3"></td> </tr> <tr> <td colspan="7" style="text-align: center;">(User Number)</td> <td colspan="3"></td> </tr> </table>	Authorisation Code										0	3	1	8	3	8	1				(User Number)									
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TO: The Manager, (Please Print Full Postal Address Clearly for Window envelope)

BANK	
BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

DATE: _____

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

MARLBOROUGH STADIUM TRUST
(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR).

Payer Particulars	Payer Code	Payer Reference

NAME OF ACCOUNT - CUSTOMER TO COMPLETE

<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <div style="text-align: center;"> <div style="display: flex; justify-content: space-between; align-items: center;"> 1838 </div> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; align-items: center;"> 01 10 </div> </div> </div>	<p>FOR BANK USE ONLY:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Date Received:</td> <td style="width: 33%; padding: 5px;">Recorded By:</td> <td style="width: 33%; padding: 5px;">Checked By:</td> </tr> </table>	Date Received:	Recorded By:	Checked By:	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>BANK STAMP</p> </div>
Date Received:	Recorded By:	Checked By:			
<p>Original -Retain at Branch</p> <p>Copy -Forward to initiator if requested</p>					

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS – (THESE ARE YOUR “BANK’ CONDITIONS)

1. The Initiator:

(a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided either:

- (i) in writing; or
- (ii) by electronic mail where the Customer has provided prior written consent to the Initiator

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts. The initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debits, the initiator has agreed to give advance notice of at least 30 days before changes come into effect. This notice must be provided either:

- (i) in writing; or
- (ii) by electronic mail where the Customer has provided prior written consent to the Initiator

(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:-

(a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

(b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:-

(a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.

(b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lies between me/us and the Initiator.

(d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
the accuracy of information about Direct Debits on Bank statements
any variations between notices given by the Initiator and the amounts of Direct Debits

(e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

(f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:-

(a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.

(b) At any time terminate this authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time-to-time.

HEALTH AND FITNESS CENTRE FAMILIARISATION

Always scan your membership card at the gate on arrival to the gym.

Here at Stadium Health and Fitness we ask that you please bring a training towel and drink bottle (filtered tap water is available in the facility) with you for your own personal use while training.

We have changing rooms with showers and lockers available. Please note your own lock is recommended for security purposes.

Member guidelines are displayed in the stretch area of the gym please familiarise yourself with these.

To ensure safe exercise practise in our facility we ask that if you have any questions about exercise equipment or exercise technique, ask our qualified trainers for a hand. Please understand that they can be busy with clients so it is always best to book an appointment if you need a specific program/training schedule.

All of our cardio gear is Life fitness equipment and once you can use one machine you can use them all.

It is simple, press QUICK START on the touch screen and you are into it. You can adjust the speed or level from there.

Levels range from level 1 = very easy to level 25 = very hard ☺

We ask that you please clean the cardio gear after use. Sanitising spray and paper towels provided from dispensers.

In the event of an emergency please vacate the gym using the stairs at the rear of the gym and assemble on the grass area (Kinross St).

As we are a partially unsupervised facility there are EMERGENCY buttons around the gym in red.

Please press these if you or another gym member needs emergency attention and a staff member from our downstairs reception will arrive.

First aid kits are available for your use in the assessment room.

For any further help or training advice please contact our qualified gym staff.

Email: healthandfitness@stadium2000.co.nz

Phone: 03 577 8300

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