**REGISTRATION FORM 2018**

Kc’s PT Fitness

A.B.N 48 688 267 922

**Fitness Coach: Kylie 0416 281 104**

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| **CONTACT DETAILS** | | | | | | | | | | |
| Last Name | | First Name | | | | | | Date of Birth | | |
| Street Address | | | | | | Suburb | | | | Postcode |
| Mobile Phone | Alternate Phone | | | Email | | | | | | |
| **BACKGROUND INFORMATION** | | | | | | | | | | |
| Do you give permission for your yourself or children to be photographed during the program & published via social media? | | | YES NO | | How did you hear about Kc’s Fitness? | | | | | |
| Do you have any Injuries or Medical conditions?  If Yes please give details: | | | YES NO | | Are you pregnant? | | YES NO | | Emergency Contact: | |

**(A professional clearance will be essential prior to exercise program if answered yes to any injuries or medical conditions)**

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| **Session Times (approx. 45 mins) Please tick preferred session: Coach will discuss availability prior to first class)** | | | | | | |
| **Monday** | 9:30am – 10:30am |  | **~~\*1:30pm – 2:30pm\*~~** |  |  |  |
| **Tuesday** | 9:30am – 10:30am |  | **~~\*4:30pm – 5:30pm\*~~** |  |  |  |
| **Wednesday** | 9:30am – 10:30am |  | **6:00pm – 7:00pm** |  |  |  |
| **Thursday** | 9:30am – 10:30am |  | **~~\*4:30pm – 5:30pm\*~~** |  |  |  |
| **Friday** | 9:15am – 10:00am |  | **~~\*1:30pm – 2:30pm\*~~** |  |  |  |

**\*\*\*PLEASE NOTE CLASSES MARKED WITH ASTERICK REQUIRE MINIMUM OF 8 CLIENTS PER CLASS INCLUDING PREPAYMENT PRIOR\*\*\***

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| **BOOKING AGREEMENT** |
| 1. Your booking is not confirmed until full payment is received 2. Pre-Payment requirements Option 1- $80 for 10 booked sessions, Option 2- $45 for 5 booked sessions   Or Option 3- Casual Fee $10. Conditions apply for all booked sessions to be used by an expected set date.   1. Classes marked with an asterisk \* require minimum numbers of 8 clients per session (these classes will need to be booked in advance and minimum numbers confirmed before charges will apply) 2. **You will be charged for the days you book**. In the event, that you do not use your booked days (due to changed holiday plans, sickness etc) you are still required to pay for your booking. Any credits must be used within 4 weeks, If not used your credit will be void. 3. **No refunds will be provided with cancellation of prepaid classes.**  1. Payments can be made by Direct Deposit or Cash. ATM is available on site.   Direct Deposit can be made to: Kc’s PT Fitness **BSB 033-686 Account 366381**.  Please use **Surname** as your reference & advise once payment has been made.   1. You agree that Kc’s Fitness & Traralgon Soccer Club and their staff are to be free and clear of all responsibilities whatsoever for accident, illness, theft of clothing or valuables during your participation in any of the activities involved in the classes. 2. You should understand that when participating in any exercise or exercise program, there is the possibility of physical injury. If you engage in the FITNESS exercise program, you agree that you do so **at your own risk, are voluntarily participating in these activities, assume all risk of injury** **to yourself, and agree to release and discharge Kc’s Fitness and its employees and Traralgon Soccer Club from any, and all claims or causes of action**, known or unknown, arising out of your participation in **Kc’s PT Fitness**, whatever the cause of that injury. 3. **You agree that no professional clearance is needed prior to your participation in any exercise program.** 4. **A Medical/Health clearance from a professional will be essential prior to exercise if any injures or medical conditions are present that may be of risk to yourself.** 5. **By signing below, you acknowledge your acceptance of this risk and agree to the above terms.**   **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**Traralgon Olympians Soccer Club**

Cnr Franklin & Davidson St

Traralgon, 3844