



Members COE form (contract of engagement) Trialling, Paying & suspended.

Car Parking – Please use Side Streets or Henley Beach Rd, or where legally possible.

Parking on Henley Beach Rd Avoid Clearway times - 7:30am-9:30am M-F & 4:00pm-6:00pm M-F.

PLEASE PRINT CLEARLY SO STAFF CAN READ

Title (please circle): MR, MISS, MRS, DR. Occupation: _____.

First Name: _____ Surname: _____ D/O/B _____.

Address: _____ Suburb: _____ Postcode: _____.

Mobile: _____ CLEAR PRINTED EMAIL: _____.

Emergency Contact: _____ Relationship: _____ Phone: _____.

Give us a quick n' easy fun fact about yourself - anything: _____.

Staff Name: _____ Promotion: _____.
(please ask the person who gave you this form)

Trial Start: ____/____/____ Trial End: ____/____/____ Membership Start: ____/____/____.

1. Upon trial expiry please contact TTF to engage in one of our membership options.
2. Discuss issues/injuries with coaches/staff before each session if needed.
3. Personal Training; Times are subject to availability. Full policy on website.
4. To pause/cancel, return a completed pause/cancel form found on our website. Full policy on website.
5. Locked contracts cannot be paused/cancelled until full amount is paid out prior to end date. Refer to disclosure statement & full policy on website.
6. Refund policy: No refunds on unused gym fees past or present. Full policy on website.
7. You are referred to & bound by full T's & C's at www.ttfkickboxing.com/ts-cs as updated from time to time.

Help us help you, talk to us, ask us & train with us often!!

Your 3 month Fitness goal: _____.

Your 1 year fitness goal: _____.

How did you hear about us?

STREET SIGNAGE | GOOGLE | WORD OF MOUTH | 30 DAY VOUCHER | 10 DAY PASS | RETURNING MEMBER | FACEBOOK | WALKED BY

BY SIGNING I UNDERSTAND & ACCEPT ALL ITEMS STATED ON THIS DOCUMENT (YOUR COE FORM);

Member Signature _____ Date _____.



8. I affirm that I am in good physical condition and do not suffer from any disability that would significantly prevent or limit my participation in any classes taken at a location occupied or operated by Total Toning Fitness Pty Ltd (TTF) ABN 20 155 303 585 in a way that would endanger the safety of myself or other members. I understand that I will be participating in fitness classes & at times full contact striking if I choose to enter those contact striking classes, involving but limited to; running, jumping, lunging, all limb striking, kickboxing, boxing, fitness, static holds and all other creative fitness exercises contracted and employed trainers can design. I understand that these above-mentioned acts can and probably will cause me bodily harm. In the event, I am injured or suffer any short-term or long-term physical harm, I release TTF, its directors, employees, contractors and participants from all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care, pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, impalements, joint dislocations, hyper extensions of bones and joints, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, partial or total dismemberment, heart attacks, strokes, loss of vision, concussion, fatalities, dental trauma, amnesia, death, emotional scarring, or any other injury or illness however caused, occurring during or after my participation in any class taken at TTF.

My Medical History - Please Read Carefully & Give Details on the line provided

Please Circle the True

<u>Have you ever had a heart attack, coronary revascularisation surgery, or a stroke?</u>	YES, NO
<u>Do you ever suffer from pains in your chest, especially during exercise?</u>	YES, NO
<u>Do you ever feel faint or have spells of severe dizziness, especially during exercise?</u>	YES, NO
<u>Do you ever feel your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise?</u>	YES, NO
<u>Do you have chronic obstructive pulmonary disease, interstitial lung disease, or cystic fibrosis?</u>	YES, NO
<u>Have you ever had shortness of breath that developed when you were not doing anything strenuous at any time in the last 12 months?</u>	YES, NO
<u>Have you ever had shortness of breath that developed after you stopped exercising at any time in the last 12 months?</u>	YES, NO
<u>Have you been woken at night by an attack of shortness of breath at any time in the last 12 months?</u>	YES, NO
<u>Do you have diabetes [IDDM or NIDDM]? If so, do you have trouble controlling your diabetes?</u>	YES, NO
<u>Do you have any liver, kidney, or thyroid disorders?</u>	YES, NO
<u>Do you experience unusual fatigue or shortness of breath when doing everyday activities?</u>	YES, NO
<u>Is there any other physical reason or medical condition or are you taking any medication(s) which could or should prevent or restrict you from undertaking an exercise program?</u>	YES, NO

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WWW.TTFKICKBOXING.COM