

# THE FITNESS EDGE

your health, fitness & aquatic centre



**MEMBERSHIP NUMBER:**

**FITNESS PASSPORT NUMBER:**

PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS

**ACRONYM:**

RENEWING MEMBERS ONLY - PLEASE  IF SAME AS PREVIOUS

**REFERRING MEMBER NAME:**  
(IF APPLICABLE)

MEMBER NO:

**EMAIL ADDRESS:**

**MOBILE NUMBER:**

**HOME PHONE:**

MR / MRS / MS / DR

**FIRST NAME:**

**LAST NAME:**

**RESIDENTIAL ADDRESS:**

(Under legislation PO Box addresses cannot be accepted)

**POST CODE:**

**DATE OF BIRTH:**

**EMERGENCY PERSON:**

**PHONE:**

**COMPULSORY PRE-EXERCISE SAFETY SCREEN**

(Please tick)  Yes

**DO YOU HAVE OR HAVE YOU HAD?**

Any Heart Condition	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>
Pains in the chest/Palpitations	<input type="checkbox"/>
Raised Cholesterol	<input type="checkbox"/>
Stroke	<input type="checkbox"/>
An asthma attack requiring immediate medical attention in the last 12 months	<input type="checkbox"/>
If you have diabetes (type I or II), trouble controlling your blood glucose in the last 3 months	<input type="checkbox"/>
Diagnosed muscle, bone or joint problems that could be made worse by participating in physical activity/exercise	<input type="checkbox"/>
Are there any other medical conditions that may make it dangerous for you to participate in exercise	<input type="checkbox"/>

If you ticked yes to any of these conditions you will be required to get a certificate of medical clearance before commencing exercise.

**Please tick if any of the following conditions apply ()**

Arthritis	<input type="checkbox"/>	Pregnant or attempting	<input type="checkbox"/>	Muscular Pain	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Prescribed Medication	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Family History of Heart Disease	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	Liver/Kidney Condition	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>
Gout	<input type="checkbox"/>	<u>Not</u> use to regular exercise	<input type="checkbox"/>	Major Injuries/joint pain	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	Smoker	<input type="checkbox"/>	Dieting or fasting	<input type="checkbox"/>

If you ticked () yes for any of these conditions, you must sign here if you have had the condition cleared or seek Dr's Clearance before commencing exercise.

I recognise that the staff are not able to provide me with medical advice with regard to my medical fitness and that this information is Used only as a guideline for my ability to exercise.

**New Members Only:** Please take the time to help us to improve our facility by ticking the appropriate box below.

Membership	Reason for Joining	Reason for choosing The Fitness Edge	How did you hear about us?
Existing Club Member	Moved into area	Price	Friend/Relative
New Club Member	Changing gyms	Convenience	Club Journal
	Lifestyle change	Opening Hours	Internet
	Rehabilitation/Medical	Pool	Please specify-
	Other -	Classes	Yellow Pages
		Other -	Newspaper
			Other -

# TERMS AND CONDITIONS

## MARCH 2026 CLUB REGULATIONS

- I agree to abide by the rules and regulations set by Ryde Eastwood Leagues Club in relation to the use of its facilities and to conduct myself appropriately and follow the reasonable directions of The Fitness Edge and its staff whilst I am on or about the premises. I acknowledge that if I fail to comply with any such rules or directions and otherwise engage in behaviour which is offensive or disruptive to The Fitness Edge or other members, that I may be asked to leave the premises, forcibly removed if necessary and/or be cited to appear before the clubs Board of Directors who have the power to reprimand, suspend or expel me from membership of the club.
- All Fitness Edge users must be current financial members of the Ryde Eastwood Leagues Club and produce a current membership card upon entry for the duration of their Fitness Edge membership.

### RESPONSIBILITY:

- I am aware that my use of the premises and its facilities and my participation in the classes and programs conducted by The Fitness Edge may involve strenuous activity and special risk (special or otherwise) associated with such use and participation. I release The Fitness Edge and its directors, employers, contractors, and agents (the staff) from all liability and responsibility whatsoever, for personal injury, property damage or death howsoever caused including, but not limited to, the negligence (whether passive or active) of The Fitness Edge or its staff or any other person using the premises.
- Children under 18 years of age are not permitted at reception (unless supervised by an adult) or in the gymnasium area (unless in a supervised program) for safety reasons.

### MEMBERSHIPS

- Membership entitlements vary depending on the membership type. All 3, 6 and 12 month memberships are entitled to a fitness assessment; personalised program, regular reviews and on-hold option (minimum 7 days, maximum 28 days) Direct Debit Memberships (Maximum 28 Days, Minimum 14 Days).
- Fitness Assessments and programs can also be obtained for an additional fee. Bookings are subject to appointment availability.
- Only memberships with suspension privileges may be placed on-hold. An on-hold form must be completed by the member prior to the period of absence, otherwise the suspension will not be valid. In the case of temporary physical incapacity\* the same procedure must be followed, and validated by a medical certificate.
- \*A temporary physical incapacity can be defined as: an injury or ailment which prohibits the individual from participating in any kind of physical activity offered by the centre, for a period of up to 12 months.
- All pre-paid memberships and activity passes are non-transferable.
- There is a seven (7) day cooling off period for new pre-paid memberships of three (3) months or longer. Any refund request must be made in writing to the Centre Manager during the cooling off period and will be subject to a deduction of an administration fee and fees for the services received on a pro-rata basis. Except for permanent physical incapacity, which must be validated by an official medical certificate, membership is not refundable for any other reason or circumstances, including non-use, move away, change of mind, or employment, too busy, health or personal problems etc.
- Where a refund is requested it will be at the discretion of The Fitness Edge Fitness Committee and tabled during its fortnightly meeting. We agree that it will be paid in full within seven (7) days of its application being accepted by the Fitness Committee and the Ryde Eastwood Leagues Club Board of Directors.
- All 20 visit activity passes are valid for 6 months from the date of purchase. Any extension must be validated by a medical certificate.
- Off-peak memberships are restricted to facility usage between 10.00 am and 4.00 pm only, outside these times a small fee will apply.
- Weekend membership are restricted to weekends only (Friday 7pm – 7pm Sunday only)
- Visit passes are strictly one (1) visit for entry/session

### FORTNIGHTLY MEMBERSHIPS

- Direct Debit Memberships require a minimum 13 payments, please note you cannot cancel prior to making 13 payments on the 26 payment contract.
- Cancelling within the 13-26 payments will result in a \$120 cancellation fee.
- 4 weeks notice is required to cancel Direct Debit Membership contract.
- \*\*Transaction fees are payable on each fortnightly transaction (card transaction fee - \$0.33, bank transaction fee - \$0.33, min of 1.75% for Visa/Mastercard, and 3.5% for Amex).
- Management reserves the right to give 30 days notice in writing to change the fee structure.
- Please note Dishonour Fees are charged at \$10.00 per payment. The Fitness Edge management reserves the right to suspend direct debit memberships with outstanding payments.

### GOLD MEMBERSHIPS

- Guests must be members of Ryde-Eastwood Leagues Club
- Guests must complete an exercise safety screen prior to use
- Guests must accompany the Gold Member when using the facility
- Maximum of 4 Guest Passes per month can be used

### JOINING/ADMINISTRATION FEE

- These fees will apply to all new members plus renewing members whose membership has lapsed for a period of six (6) weeks or more.

### FACILITY USE

#### ALL MEMBERS OF THE FITNESS EDGE MUST USE A TOWEL WHEN USING EQUIPMENT, NO EXCEPTIONS. NO TOWEL – NO WORKOUT.

- All members must wipe down machines used before and after a workout
- All users of The Fitness Edge must register at reception before entering the gymnasium or pool areas.
- An exercise safety screen must be completed before participation in any form of exercise at The Fitness Edge.
- When exercising please be considerate to other gym members and share use of machines while resting between sets. Please note there is a 20-minute time limit on all cardio machines during peak times.
- Management reserves the right to vary operating hours and timetables depending on demand, season and public holidays.
- For member's safety and quality of service, some Group Fitness programs may be restricted.
- If there are any changes to operating hours or timetables, management will, where possible, provide a minimum two (2) weeks notice.
- All members must have suitable footwear when exercising, i.e., no thongs, sandals or work boots. Use a towel when using equipment for hygiene, safety and maintenance reasons.
- All pool users must abide by our 'pool rules', and must shower before entering the pool.
- All members using the crèche must abide by the guidelines and conditions of that service. Casual users are not entitled to crèche service.
- No responsibility will be taken for lost or stolen items from lockers, change rooms, pool and gymnasium areas.
- Members only after-hours access is via the main club entrance ramp and gym glass door swipe.
- Please note - bags are not permitted on Gym Floors
- All classes and Creche Facilities must be booked via our online portal

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

MEMBERSHIP TYPE \_\_\_\_\_ FEE \$ \_\_\_\_\_ FROM \_\_\_/\_\_\_/\_\_\_ TO EXPIRY DATE \_\_\_/\_\_\_/\_\_\_

STAFF \_\_\_\_\_ PAID BY: CASH CHEQUE EFTPOS VISA MASTERCARD AMEX BANKCARD

INVOICE VOUCHER TRANSFER UPGRADE