



THE  
GEELONG  
COLLEGE  
*sic itur ad astra*

# The Geelong College Recreation Centre Membership Application Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname Given name

Home Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_  Male  Female

Concession type \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership no. \_\_\_\_\_ Commences \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Family Members** (please ask customer service officer for advice on who is eligible for family memberships):

Name: \_\_\_\_\_  M  F D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Memb. No. \_\_\_\_\_  
(Office use)

Name: \_\_\_\_\_  M  F D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Memb. No. \_\_\_\_\_  
(Office use)

Name: \_\_\_\_\_  M  F D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Memb. No. \_\_\_\_\_  
(Office use)

Name: \_\_\_\_\_  M  F D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Memb. No. \_\_\_\_\_  
(Office use)

**Emergency contact person** \_\_\_\_\_ Telephone \_\_\_\_\_  
(Compulsory)

<b>Status:</b>	<input type="checkbox"/> New member	<input type="checkbox"/> Renewal	<input type="checkbox"/> Upgrade	<input type="checkbox"/> 10 visits
<b>Duration:</b>	<input type="checkbox"/> 12 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 3 months	
<b>Group:</b>	<input type="checkbox"/> Adult	<input type="checkbox"/> Concession	<input type="checkbox"/> Student	<input type="checkbox"/> Child <input type="checkbox"/> Family
<b>Friends of the College:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Other:</b> _____	

Membership fee \$ \_\_\_\_\_ (inc GST) Amount paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Method of payment:  Cheque  Cash  Eftpos  Credit card

# 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 Geelong College Recreation Centre 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 Geelong College Recreation Centre and programs.
- I hereby acknowledge I have sole responsibility for my personal belongings and equipment during participation and use of Geelong College Recreation Centre and programs.
- I hereby agree to accept advice, guidance and instructions provided by qualified Geelong College Recreation staff only, prior to and during participation and use of all Geelong College Recreation Centre 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 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.

I have read and understand and agree to the terms and conditions applicable to my membership:  Y  N

Is there any reason, illness, injury or impairment that may inhibit, limit, influence or restrict you in undertaking physical activity?  Y  N

Customer signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff name \_\_\_\_\_

Staff comments \_\_\_\_\_

\_\_\_\_\_

Please sign and return to: [tristan.read@geelongcollege.vic.edu.au](mailto:tristan.read@geelongcollege.vic.edu.au)



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RECREATION CENTRE