

Class Registration Form 2022



Name: _____

Address: _____

Key Fob #: _____

Email: _____

Mobile: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

My Vaccine Pass Expiry Date: _____ Verified by Staff Member: _____

Class	Cost - Member	✓	Cost - Non-Member	✓
TribeFIT (3 x week-am)	\$198		\$330	
TribeFIT (2 x week-pm)	\$132		\$230	
TribeCORE	\$132		\$230	
cSc	\$132		\$230	
TKO	\$176		\$260	
Concession Card	\$120		\$170	
Casual Pro-Spin/cSc	\$12 (per class)		\$17 (per class)	
Non-Member: Includes 6 weeks gym membership while attending class (excl. concession & casual)				

Applicant Declaration

- I understand that I will exercise at my own risk and that neither the Club nor my Trainer is liable for any injury or illness.
- I confirm to the best of my knowledge I do not have any injuries or medical conditions, which make it dangerous for me to exercise. Any medical conditions or injuries, I will discuss with the trainer prior to taking part in the class.
- I understand that my Pro-fit programme will be paid in full by Week 6 and is non-refundable.
- I understand that the results of my fitness programme cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. In particular, I acknowledge that individual results may vary, and that no particular results are guaranteed by either the club, or my Trainer.
- I understand that my Team Training sessions are held at pre-determined times, and will make my best effort to attend these sessions. I understand that any required *re-scheduling* of Team Training sessions (e.g. owing to statutory holidays or unforeseen events) will be as per the Team vote, and will not result in any additional sessions for individual team members. I understand that my Club and my Team Trainer will make every effort to make re-scheduling convenient for all members, should this be required.
- I understand that my inability to attend a Training session will not result in a re-scheduling or refund of the Team Session.

Signed by Member _____

Date: _____