

# Fit Expectations Pilates Membership Contract

## MEMBER INFORMATION

Full Names			
ID / Passport Number			
Mobile Number		Alternate Number	
E-mail			
Physical Address		Postal Code	

Please attach a copy of both your ID / Passport and Medical Aid Card / Certificate

## NEXT OF KIN / EMERGENCY INFORMATION

Full Names			
Mobile Number		Alternate Number	
E-mail			

## TERM AND PAYMENT OPTIONS

Class Selection	<input type="checkbox"/> Group Classes		<input type="checkbox"/> Private Classes		
Contract Term	<input type="checkbox"/> Monthly	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 18 Months	<input type="checkbox"/> 24 Months
Payment Method	<input type="checkbox"/> Cash		<input type="checkbox"/> EFT		<input type="checkbox"/> Debit Order
Payment Cycle	<input type="checkbox"/> Monthly (Advance Payments)		<input type="checkbox"/> Full Term (Advance Payment)		

### Debit Order Details

I hereby authorise Fit Expectations its order, successors in title or assigns to debit my account at:

Bank Name		Branch Name/Code	
Account Number		Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other

I select the \_\_\_\_\_ day of each month as the day on which the Debit Order is to be processed.

## MEDICAL BACKGROUND

Current activity / exercise		Fitness goals	
Nature of last medical examination		Date of examination	
History of heart disease, chest pains or stroke?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you suffer from pains in your chest?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have high blood pressure?	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you ever been diagnosed with diabetes?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have any of your relatives been diagnosed with heart disease, heart surgery, stroke or hypertension?	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you been diagnosed with any chronic illness or condition?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a history of lung problems?	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you got any muscular or skeletal injuries?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a smoker?	<input type="checkbox"/> Y <input type="checkbox"/> N	Ex-smoker? Date of quitting?	
Medical conditions not listed above?			
Pregnant and Post pregnant: Natural or Caesarean	<input type="checkbox"/> N <input type="checkbox"/> C	Post pregnant: Date of baby's birth	
Pregnant: Expected due date			

# Fit Expectations Pilates Membership Contract

## TERMS AND CONDITIONS

1. The member remains liable for all costs resulting from this contract and services rendered, all fees will be reviewed and amended annually in December of each year without prior notice.
  - a. New fees will automatically apply to all existing contracts paid monthly from 1 January of the year after review.
2. Termination of this contract can only be effected with a calendar months' written notice or a month's payment in lieu thereof.
  - a. In the event of early contract termination, refunding of membership fees paid in advance will be at the sole discretion of the owner of Fit Expectations Pilates.
3. At the sole discretion of the owner of Fit Expectations Pilates discounts may apply on the basis of the contract term and payment method selected.
4. Services are billed in advance, all invoices are to be paid on or before the 7<sup>th</sup> of the following month, for the month or term billed for.
  - a. Invoices outstanding for 30 days or more will attract interest charges calculated daily at a rate of 15%
5. Where the expected due date for a pregnant member falls within the contract term a contract/payment holiday must be arranged for by the member with the owner of Fit Expectations Pilates at least 30 days prior to the expected due date.
  - a. A maximum contract/payment holiday for birth of 90 days will be allowed unless medically demonstrated to be required otherwise.
6. Where a medical condition results in a member requiring a contract/payment holiday the same must be arranged for by the member with the owner of Fit Expectations Pilates within 7 days of knowledge of the condition prior to the expected due date.
  - a. A maximum medical contract/payment holiday of 180 days will be allowed unless medically demonstrated to be required otherwise.
7. Any contract/payment holiday must be agreed to in writing by requesting and completing the relevant contract/payment holiday form.
8. Where any birth, medical or combination contract/payment holiday has been arranged the contract term will be placed on hold for the contract/payment holiday.
9. The contract will continue to run its full term after the contract/payment holiday.
10. Where any birth, medical or combination of contract/payment holidays is expected to exceed 180 days it is recommended that the member consider giving notice to terminate the contract as per the termination conditions instead.
11. Fit Expectations Pilates requires a minimum of 24 hours' notice to cancel a session or that class will be forfeited.
  - a. Sessions cancelled according to the 24 hour notice period rule may be made up within the duration of the current month.
12. Debit orders:
  - a. For changes to an existing debit order, the undersigned member understands that this new instruction will not be processed if the current debit order is due to be processed within 7 days of Fit Expectations Pilates receiving this request.
  - b. The undersigned member hereby authorises the financial institution at which the Debit Order Account is held to debit the Debit Order Account with the amounts drawn by Fit Expectations Pilates.
  - c. This debit order authority will remain in full force until all amounts owed by the member to Fit Expectations Pilates have been paid in full.
  - d. Should there be insufficient funds in the nominated account to meet the obligation to Fit Expectations Pilates, Fit Expectations Pilates is entitled to either:
    - i. track the Debit Order Account and re-present the instruction ("re-presenting functionality") for payment until sufficient funds are available in the Debit Order Account (the costs associated with any returned debits shall be for your account), and/or
    - ii. debit the nominated account on the regular date upon which your salary is received into the nominated account (you will be notified of the change in the debit order date if applicable).
13. By signing this contract, you authorize Fit Expectations Pilates to make inquiries into the banking and personal information that you have supplied.

## INDEMNITY AND SIGNATURES

Indemnity by the member:

1. I recognise that participation in any exercise activity includes the inherent possibility of both external and internal injury and acknowledging that Fit Expectations Pilates takes every precaution to ensure my safety.
2. I hereby declare that I have a doctor's consent to participate in Pregnancy and Post-Pregnancy Pilates.
3. I commit to informing the instructor at the commencement of class, alternatively as soon as it comes to my knowledge, of any medical conditions or injury that I may have.
4. I hereby indemnify Fit Expectations Pilates, its owner and staff against any claim of injury, loss or damage.
5. I agree that in a medical emergency, the owner or staff of Fit Expectations Pilates may make decisions on my behalf should the need arise.

Member Signature		Fit Expectations Pilates Owner Signature	
Full Names		Full Names	
Date		Date	