



Group Exercise Membership

Looking Good and Feeling Great are now offering a 'Group Exercise Membership' for our services where clients can pay a set fee and do as many Kick Boxing, Boxing and Boot Camp classes as they desire. On average clients participate in 2 classes per week costing them around \$100-\$120 per month, this means our new membership will **save you \$30-\$50 a month.**

Memberships:

- \$25 a week for unlimited classes on our timetable, this membership has a minimum term of 3 months before you can cancel/suspend
- \$30 a week for unlimited classes on our timetable, this membership has no contract length you can terminate or suspend it at anytime

Joining Fee:

- All new members are required to pay a joining fee when commencing classes. A one off payment of \$30 will be taken out of your account when you start and can be used to obtain a Diet Program and Goal Setting Program from Denver Oliveux.

Kick Boxing and Outdoors Boxing

- Great for beginners and those who want a challenge with their workouts
- Great for people trying to lose weight and wanting to enhance muscle tone
- Improves overall fitness and energy
- Is a fun and exciting class that spices up your workouts

Boot Camp

- Great for those who are currently involved in training and those that like outdoors workouts
- Fantastic high intensity workouts that aid in great muscle tone and weight loss
- A mix of boxing, running, sporting and military techniques to aid in enhancing overall fitness

Group Exercise Timetable

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Boot Camp & Strength		Boot Camp & Boxing		Boot Camp and Core	Boot Camp & Strength
6am Thornton Oval Off Lord Sheffield Circuit in Penrith. Close to the Penrith Train Station		6am Thornton Oval Off Lord Sheffield Circuit in Penrith. Close to the Penrith Train Station		6am Thornton Oval Off Lord Sheffield Circuit in Penrith. Close to the Penrith Train Station	7am Jamison Park (On the Netball Courts take York Rd Entrance) Note: Last Saturday of every month we will reconvene at Revolutions in Emu Plains and will be an additional \$5 paid to the gym
Boot Camp & Core		Boot Camp & Core			
9:30am Jamison Park (On the Netball Courts take York Rd Entrance)		9:30am Jamison Park (On the Netball Courts take York Rd Entrance)			
Boot Camp Blast	Boot Camp & Upper Body Strength	Boot Camp & Core	Boot Camp & Lower Body Strength		
6:30pm -7:15pm Thornton Estate (North Penrith) Lord Sheffield Circuit, Penrith (On the concreted area near the sales office)	6:30pm Jamison Park (On the Netball Courts take York Rd Entrance)	6:30pm Thornton Estate (North Penrith) Lord Sheffield Circuit, Penrith (On the concreted area near the sales office)	6:30pm Jamison Park (On the Netball Courts take York Rd Entrance)		
Kick Boxing		Kick Boxing			
7:30pm Cambridge Park Community Centre (97 Oxford St, Cambridge Park opposite the shops)		7:30pm Cambridge Park Community Centre (97 Oxford St, Cambridge Park opposite the shops)			



Terms and Conditions:

1. The allocated payments will come out of your account every second Friday on the nominated dates provided
2. Once you have entered into this membership it is your own personal responsibility to participate in as many classes as possible. If you have not participated in many classes for any month you will not be allocated a refund, again it is your personal responsibility to choose to come to our classes.
3. You have the right to come along to as many classes as you desire and when we put on more classes you will be allowed to participate in them at no extra cost.
4. If you participate in an Outdoors class and that class is cancelled due to the weather you will not be refunded for that class, instead you are more than welcome to participate in more classes the following week. We aim to provide our clients with a wet weather alternative however it is not always easy with short notice due to the changing weather conditions.
5. All clients are expected to wear appropriate exercise clothes and bring a drink bottle and towel to all classes for safety and hygiene purposes
6. If you decide to cancel your membership you must be past the 12 week period to cancel. You must call/text Denver Oliveux directly on the mobile number provided.
7. If you go on a holiday/business meeting or need some time out and you would like to suspend your membership again all you have to do is give **Looking Good & Feeling Great** a weeks notice so we can suspend your membership until you provide us with further notice.
8. All clients are expected to fill out our Exercise Questionnaire and if you have any medical conditions that may be triggered as a result of you participating in our program we will recommend you see a doctor for clearance only after that will you be able to participate again in our program, safety first. We will suspend your membership until you get this clearance so no extra funds come out of your account.

Yours sincerely

Denver Oliveux
(CEO, Looking Good and Feeling Great)

Name:

Signature:

Date:



MEMBERSHIP AGREEMENT

Title: _____ Given name(s): _____

Surname: _____

Male / Female DOB: ____ / ____ / ____ Age: ____

Address: _____

Suburb: _____

P/C: _____

Phone No's – Home: _____ Work: _____

Mobile: _____

Email address: _____

Do you wish to receive regular Club information / updates by email? Yes No

Emergency Contact: _____ Ph: _____

Ph: _____

Please indicate how you heard about our company's services:

Referral Website Pink/Yellow pages Flyer other

Pre-Exercise Screen Please \checkmark (tick) where appropriate



	Y	N	
in the			Have you ever or do you have any condition, pain or major injuries
1. Has anyone in your family suffered Heart disease, Stroke, raised cholesterol, or sudden death?	<input type="checkbox"/>	<input type="checkbox"/>	following areas which may be reason to modify your exercise
2. Are you over 35 (male) and not used to regular exercise?	<input type="checkbox"/>	<input type="checkbox"/>	18. <input type="checkbox"/> Arthritis 20. <input type="checkbox"/> Neck 22. <input type="checkbox"/> Joints
2b. Are you over 45 (female) and not used to regular exercise?	<input type="checkbox"/>	<input type="checkbox"/>	19. <input type="checkbox"/> Asthma 21. <input type="checkbox"/> Back
3. Are you on prescription medication ?	<input type="checkbox"/>	<input type="checkbox"/>	If you ticked any of the above, please specify

Please specify _____			
specify _____			
4. Have you given birth in the last six weeks?	<input type="checkbox"/>	<input type="checkbox"/>	23. Are you on any type of diet plan? <input type="checkbox"/> Y <input type="checkbox"/> N
_____			<input type="checkbox"/> If yes please
5. Have you been hospitalised recently?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you smoke? <input type="checkbox"/> Y <input type="checkbox"/> N
Please specify _____			How long? _____ How many per
day? _____			
6. Any infections or infectious diseases?	<input type="checkbox"/>	<input type="checkbox"/>	25. Disability? <input type="checkbox"/> Y <input type="checkbox"/> N
Details: _____			
Please specify _____			26. _____
Other _____			
7. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	27. How often do you exercise?
_____			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Never
8. Heart condition or murmur?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered "YES" to any of the above please have your
9. Chest pain / Angina / Palpitations?	<input type="checkbox"/>	<input type="checkbox"/>	cleared by a Doctor. If not please take this form to your Doctor
10. Liver or Kidney condition?	<input type="checkbox"/>	<input type="checkbox"/>	and ask for a clearance to exercise before commencing any
10b. High Cholesterol / Triglycerides?	<input type="checkbox"/>	<input type="checkbox"/>	program OR if you have been cleared please sign below:
condition			Condition cleared Signature _____
11. Eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Glandular disorder / Fever?	<input type="checkbox"/>	<input type="checkbox"/>	
exercise			
13. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fainting / Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>	
Date _____			
16. Gout / Hernia?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Stomach ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	
Signed: _____			Date: ____ / ____ / ____
Signed by New Member		Parent to sign if under 18	

DIRECT DEBIT AGREEMENT



Request and Authority to debit the account name below to FFA Paymart Direct Debit Billing

New Member **Renewing Member** **Change of details**

PAYMENT DETAILS

once off payment: \$ ____ . ____ Debit date: ____ / ____ / ____

Regular Debit amount (3 Month Contract): **\$50 fortnightly**

Regular Debit amount (No Contract): **\$60 fortnightly**

Joining Fee: **\$30 once off payment**

Commencing on ____ / ____ / ____ until further notice (UFN)

Commencing on ____ / ____ / ____ for ____ payments ONLY

Variation to first debit ONLY _____

DIRECT DEBIT FROM BANK ACCOUNT = \$1.95c per fortnight

Bank name: _____ Branch

opened: _____

Name of account

holder(s) _____

Given name(s)

Surname

BSB Number: _____ - _____ Account Number: _____

DEBIT FROM CREDIT CARD = \$1.95c per fortnight

plus 2% Mastercard & Visa – 4.4% Amex & Diners

Name as it appears on

card _____

Given name(s)

Surname

Card No: _____ - _____ - _____ - _____ Expiry date: ____ / ____

Card type: Mastercard Visa (16 characters) Amex Diners (15 characters)

** Please note that credit card details will appear on your statement as "Bill Buddy"***