



Get the group effect!

ABN: 67 117 204 609

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TRIAL FORM

(Please note information provided **will not be used** for follow-up phone calls, letters or emails)

Given Name: _____	Surname: _____
Address: _____	Suburb: _____
Post Code: _____	
Telephone: (Mob) _____	(Home) _____
Other (if applicable/please specify): _____	
D.O.B : ___/___/___	E-mail: _____
<u>Emergency Contact Details:</u>	
Name: _____	
Relationship: _____	Telephone No: _____
Have you had any injuries, illnesses or limitations (heart problems, high blood pressure and epilepsy) that would prevent you from exercising? Please circle:	
YES NO	
If YES , Please specify: _____	

Upon signing this agreement, I do hereby agree that Enjoy Fitness PTY LTD shall not be held responsible for personal injury sustained by me in, on or about the facilities, without limitation, any claim for personal injuries resulting from and arising out of negligence of Enjoy Fitness PTY LTD or their directors, officers or employees or the negligence of any other person using the facilities. By signing this agreement I also agree to all terms and conditions in regards to rules and regulations of Enjoy Fitness Pty Ltd set up by the Directors and other advisory boards of Enjoy Fitness.

Signatures _____ **Print Name** _____ **Date:** ___/___/___

STAFF USE ONLY:

Client #: _____ - _____

Date: ___/___/___

Trial Type:

Payment Amount:

Payment Type:

Notes: