ANNEXURE A: PARTIES INFORMATION AND MEMBERSHIP PACKAGE

MEMBER DETAILS:	
Name:	
Surname:	
Gender:	
ID Number:	
Cell No.:	
Home Address:	
Postal Address:	
Email Address:	
Occupation:	

EMERGENCY CONTACT:	
Name:	
Surname:	
Contact information:	
Relationship:	

MEMBERSHIP PACKAGE:

1. OPTION A- 8 CLASSES PER MONTH

TERM:	PRICE: per month	
Month- to- Month	R 850.00	
3 Months(Fixed)	R 850.00	
6 Months (Fixed)	R 800.00	
12 Months (Fixed)	R 700.00	

2. OPTION B- 12 CLASSES PER MONTH

TERM:	PRICE: per month	
Month- to- Month	R 1 250.00	
3 Months(Fixed)	R 1 250.00	
6 Months (Fixed)	R 1 150.00	
12 Months (Fixed)	R 950.00	

3. OPTION C- 4 CLASSES PER MONTH

TERM:	PRICE: per month	
Month- to- Month	R 480	
3 Months(Fixed)	R 480	
6 Months (Fixed)	R 450	

4. OPTION D- Saturday/Sunday 4 classes per month

TERM:	PRICE: per month	
Month- to- Month	R 550	

5. CLASS SCHEDULE:

Monday – Friday:	05:45 to 06:30
	16:15-17:00
	17:15 to 18:00
	18:15 to 19:00
Saturday:	08:00 to 08:45
	13:00 to13:45
	16:00 to 16:45
Sunday	09:00 to 9:45
	10:00 to 10:45

Name: _____ Signature: _____

Date: _____

ANNEXURE B: HEALTH QUESTIONNAIRE FORM

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? YES/NO
2. Do you feel pain in your chest when you perform physical activity? YES/NO
3. In the past month, have you had chest pain when you were not performing physical activity? YES/NO
4. Do you lose your balance because of dizziness, or do you ever lose consciousness? YES/NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES/NO
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES/NO
7. Do you know of any other reason why you should not engage in physical activity? YES/NO

If you answered YES to one or more questions, please consult with your doctor before using the Gym facilities or increasing your physical activity.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: _____ Signature: _____

Date: _____