



MEMBERSHIP APPLICATION 2018



MEMBER INFORMATION – please fill out all fields

Full Name:	DOB:
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Phone:	Previous Member: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Address:

Email: _____

Please tick if you **DO** want to receive occasional news and updates from AS Aquatic & Leisure Centre to this email.

Emergency Contact (name/relationship/phone):

Does the applicant/s have any allergies or medical conditions ASALC should be aware of?

Does the applicant/s carry an epinephrine pen or asthma puffer that they may need to use and where can it be found in the event of an emergency?

MEMBERSHIP TYPE

Select type:	ADULT	CONCESSION	CHILD	FAMILY (2 adults/2 children) <small>*Fill in family details below</small>
Select duration:	10 VISIT PASS	3 MONTHS	12 MONTHS	

Adult 2	Name:	DOB:
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Child 1	Name:	DOB:
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Child 2	Name:	DOB:
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TERMS & CONDITIONS

- Memberships are non-transferable; payment is to be made in full at the time of joining.
- Membership cards must be presented on entering the Alice Springs Aquatic & Leisure Centre.
- Memberships (3 & 12 month) include swimming at leisure entries and also Aqua Aerobic Classes.
- 10 visit passes have a 1 year expiry. No programs are included in a 10 Visit swim pass.
- Please note 10 visit family passes count for the whole family only. It DOES NOT entitle family members to 10 pass each.
- Memberships can be suspended only under special circumstances, the 3 month-membership can only be suspended once for major medical issues and a doctor's certificate is required. The 12-month membership can be suspended once for holidays (only if going away for more than a month) and for major medical reasons up to 3 times-medical certificate required. Please email info@asalc.com.au.
- All children under the age of 11 must be accompanied by a competent adult aged 16 years or older at all times whilst visiting the facility.
- I acknowledge that the facility may be unavailable from time to time for carnivals or other booking, at least 1 weeks' notice will be provided. No extensions of memberships will be provided on these occasions.
- Membership payments are non-refundable. A 7 day cooling off period applies.
- I hereby agree to abide by all the rules and regulations of the facility and ensure that all minors under my care will do the same.
- I acknowledge that the facility may be closed due to safety concerns at any time. Eg. Electrical Storm Activity.
- I agree to indemnify the City, and all its officers, agents & employees in respect of any event which may occur whilst I am present or using the services or any facilities of the centre's or pursuant to this agreement, and any event which results in any damage to property or any accident, injury or loss being suffered by or occasioned to me or any person in my care and control and hereby release the City from liability unless the injury sustained by me is as a result of City's negligence.

PAYMENT INFORMATION

Cost:	Payment Method:
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Membership Number:	Contract Number:
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SIGNATURES

Member Signature:	Date:
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OFFICE USE ONLY:

Customer Service Assistant Name:	
Member Number:	Contract Number:
Barcode Number:	Receipt Number:
Membership Checked by:	