



FITNESS STUDIO

APPLICATION FORM

Fuse Fitness Studio

3/42-44 Abel Street, Penrith. 2750

Ph: 1300 992 550

A Division of Schroeder & Co. Pty Ltd A.B.N. 34 114 390 537

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Personal Information

Name			
Address			
Suburb		Postcode	

Occupation			
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Home Phone		Work Phone	
Mobile Phone		Birth Date	

Email Address			
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Please Subscribe me to the Fuse Newsletter emails - I can unsubscribe anytime	YES / NO
Please Subscribe me to the Fuse Weight Loss Tip emails - I can unsubscribe anytime	YES / NO

What size T-shirt do you wear?	Ladies - S / M / L Men's - S / M / L / XL / XXL
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Self Assessment & Additional Information

I rate my current fitness level as a (1-10), ten being high.	
I was referred by:	
How did you hear about us?	
What physical activities to you currently do?	
My Main goal is:	
Name of Emergency Contact & Phone Number	



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Medical History	
<i>(If you are a returning camper, only complete the sections that have changed.)</i>	
1. Are you allergic to any medication? List Medication	
2. Do you take any prescribed medication on a permanent or semi-permanent basis? If so please list.	
3. Do you have a seizure disorder (epilepsy)?	
4. Do you have diabetes? If so which type?	
5. Have you ever been found to be anaemic (low blood count)?	
6. Do you have High Blood Pressure (hypertension)?	
7. Do you have or have you ever had issues with the following? HEART , LUNGS, KIDNEY, LIVER	
If you suffer from any of the above conditions. Do you have your doctor's permission to exercise in this manner?	
8. Do you have asthma ? If you do you MUST bring your medication along.	
9. Have you ever had a severe neck injury? Describe:	
10. Have you ever been knocked out in the past 3mths? Describe:	
11. Do you wear glasses or contact lenses?	
12. Have you had a broken bone or fracture in the past 2 years? Describe:	
13. Have you ever injured your back? Describe:	
14. Do you have back pain?	
15. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:	
16. Do you have other physical conditions which cause pain? Describe:	
17. Have you had any surgical procedures recently:	
18. What are your goals for the next three months?	
19. Are you pregnant or recently had a child? If so please detail	
21. Please include any additional information and or comments you think we may need to know with regards to your health and safety☺.	



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Release

NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program!

This release is entered into between the undersigned and Fuse Fitness Studio/Schroeder & Co, its officers, subsidiaries, affiliates. The purpose of Fuse Fitness Studio is to provide fitness instruction and coaching for various levels of athletes/individuals.

I the undersigned hereby acknowledge that the following was explained I agree to the following:

1. I Acknowledges that Fuse Fitness and or its Instructors are not a physician and is not trained in any way to provide medical diagnosis, or any other type of medical advice.

2. Classes are non-transferrable

3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.

3. You have advised that you wish to participate in a Boot camp, group class or personal training session with Fuse Fitness. Activities that may be included are brisk walking, jogging, running at various intensities, boxing, skipping or stair climbing. Resistance or muscle conditioning activities may include using dumbbell's or various weights, fit ball, and your own bodyweight. You may conclude the session at any time you wish due to fatigue or discomfort. The session will last up to 60mins and include a warm up and cool down period. During the session you may experience abnormal blood pressure, erratic heart beat, fainting and in rare instances, heart attack, stroke or death. Every attempt will be made to minimise the risk of any of these happening by careful evaluation of preliminary personal health and fitness information and by close monitoring during the sessions. . I have read, understood and have answered the above survey questions fully and truthfully. I agree to the terms and conditions and I am aware it is my responsibility to consult with my personal physician regarding my medical fitness to engage in exercise. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the training facility and the exercise professional administering the exercise program provided to me.

Signature



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PROGRAM SELECTION & PAYMENT INFORMATION

Please fill in your activity selection details below (from the choices available on the following pages 5 to 8)

Activity		Duration	weeks
Sessions/week			
Total Investment	\$		

Activity		Duration	weeks
Sessions/week			
Total Investment	\$		

Activity		Duration	weeks
Sessions/week			
Total Investment	\$		

PAYMENT METHOD

Please circle a payment option below.

Cash	Cheque (Made payable to Schroeder & Co Pty Ltd)	Credit Card Please fill in details below.	PayPal Please ensure we have your email address
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Credit Card Information

For security reasons, your credit card information is not stored or saved within our system. Your credit card information is required at this time to process your registration. PLEASE verify all credit card numbers are entered before sending.

Credit Card Number:	
Expiration Date:	/ 20
Name on Credit Card:	
CVC2 Code:*	
Total Payable	\$

***Visa and MasterCard**

In the signature box on the back of your Visa you should see a 16-digit credit card number followed by a special 3 digit code. This 3 digit code is your CVC2.

Agreement and Signature

I agree to all Terms and Conditions listed above
Participants Signature
 (if under the age of 18 needs to be signed by a parent)

Date



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PERSONAL TRAINING
Bookings are Essential

The Flexible Personal Training Solution:

You dictate how many sessions per week you want to do to meet your goal.
(eg...Wedding, Holiday, Summer, Outing etc...)

Minimum Scheduling of 1 Training session per week

PEAK Training Times

Activity	Personal Training – 1 on 1		Duration	2-24 weeks
Sessions	8	16		24
Investment/Session	\$70.00	\$66.50		\$63.00
Total Investment	\$540.00	\$1064.00		\$1512.00

1 on 1 = 1 Client, 1 Trainer

Activity	Personal Training – 2 on 1		Duration	2-24 weeks
Sessions	8	16		24
Investment/Session	\$95.00	\$90.25		\$85.50
Total Investment	\$760.00	\$1444.00		\$2052.00

2 on 1 = 2 Clients, 1 Trainer (Ideal for Couples, Friends etc..)

SHouT – School Hours Training Times Only
9am – 3pm Monday – Friday

Activity	Personal Training – 1 on 1 - SHouT		Duration	2-24 weeks
Sessions	8	16		24
Investment/Session	\$50.00	\$50.00		\$50.00
Total Investment	\$400.00	\$800.00		\$1200.00

1 on 1 = 1 Client, 1 Trainer

Activity	Personal Training – 2 on 1 - SHouT		Duration	2-24 weeks
Sessions	8	16		24
Investment/Session	\$70.00	\$70.00		\$70.00
Total Investment	\$560.00	\$1120.00		\$1680.00

2 on 1 = 2 Clients, 1 Trainer (Ideal for Couples, Friends etc..)



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BOOTCAMP
Bookings are Essential

Activity	Special Edition - Bootcamp – DUO 1/2	Duration	4 weeks
Sessions/week	2 – Tuesday & Thursday Nights - 730pm		
Investment/Week	\$25.00		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	Bootcamp – PRIMO	Duration	8 weeks
Sessions/week	1 –Wednesday Nights only - 6pm		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	Bootcamp – UNO	Duration	8 weeks
Sessions/week	2 – Monday & Wednesday Nights – 730pm		
Investment/Week	\$25.00		
Total Investment	\$200.00 Paid in Full in Advance		

Activity	Bootcamp – DUO	Duration	8 weeks
Sessions/week	2 – Tuesday & Thursday Nights - 730pm		
Investment/Week	\$25.00		
Total Investment	\$200.00 Paid in Full in Advance		

Activity	Bootcamp – INDOORS	Duration	8 weeks
Sessions/week	1		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		



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GROUP CLASSES
TRAIN WITH FRIENDS
Finally the class you want at the time you want!
Bookings are Essential

The Totally Flexible Group Training Solution:

You dictate what class types and how many sessions per week you and your friends want to do to meet your goal. (eg...Wedding, Holiday, Summer, Outing etc...)

Minimum Scheduling of 1 Training session per week

Our "Train with Friends" program is where you and up to 5 of your friends, family or work mates join us for an exercise class of your choice at a time that suits you. You also get to choose from our growing selection of classes. (*Yes... that's right, finally the class you want at the time you want*).

You can structure your Train with Friends package to include 1 or an assortment of the following Fitness activities;

- [Pilates](#)
- [Fitball](#)
- [Dynamic Circuit](#)
- [Boxing](#)
- [Bootcamp](#)
- [TRX Suspension Training](#)

PEAK Training Times

Activity	Train with Friends	Duration	2-8 weeks
Sessions	Minimum 8		
Investment/Session	\$90.00		
Total Investment	\$720.00		

SHouT – School Hours Training Times Only
9am – 3pm Monday – Friday

Activity	Train with Friends - SHouT	Duration	2-8 weeks
Sessions	Minimum 8		
Investment/Session	\$70.00		
Total Investment	\$560.00		



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GROUP CLASSES
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Activity	<u>Zumba Fitness</u>	Duration	8 weeks
Sessions/week	1 only		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	<u>TRX</u>	Duration	8 weeks
Sessions/week	1 only		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	<u>Boxing for Fitness</u>	Duration	8 weeks
Sessions/week	1 only		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	<u>Pilates</u>	Duration	8 weeks
Sessions/week	1 only		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	<u>The Challenge</u>	Duration	8 weeks
Sessions/week	1 only		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		

Activity	<u>Teen Fitness</u>	Duration	8 weeks
Sessions/week	1 only		
Investment/Week	\$12.50		
Total Investment	\$100.00 Paid in Full in Advance		