



Member Details Form

ID:

Surname:
D.O.B:
Address:

Other Names:
Suburb:
Post Code:

Contact Details

Parent Surname:
Parent Other Names:
Home Phone:
Mobile Phone:
Email Address:

Second Contact Details

Surname:
Other Names:
Home Phone:
Mobile Phone:
Email Address:

Membership Details

Membership Level:
Date of Joining:
Membership Expiry Date:

Fee at Date of Joining:
ILP:

Lesson Details

Lesson Day:
Lesson Time:
Lesson Level:
Lesson Instructor:

Medical Details

Known Allergies:
Known Medical Conditions:
Known Medical Injuries:
Medications:

How did you find out about us?

Notes:
.....
.....



Renewal of Membership

Date _____

Child's Name _____



Membership Number _____

Lesson Day

Lesson Time

Lesson Level

Instructor

Renew for 1 month <input type="checkbox"/> for 3 months <input type="checkbox"/> for 6 months <input type="checkbox"/> for Bronze <input type="checkbox"/> for Silver <input type="checkbox"/> for Gold <input type="checkbox"/>	Old Exp Date	New Start Date
	Eligible Freeze Credits	New Exp Date

Initial Lesson Payment (ILP) EZI / UF

- Leave/ Change Ezi Debit Weekly
- Leave/ Change Ezi Debit to Fortnightly
- Leave / Change Ezi Debit to 4 Weekly

New Price
 New Price
 New Price

Upfront Membership money paid (if any)

I authorise payment to now be taken Monday for lesson that week.

I agree to the new policies and conditions (tick all)

<input type="checkbox"/> General Conditions of the JNSA	<input type="checkbox"/> Child Protection Policy
<input type="checkbox"/> Freeze Credit Policy	<input type="checkbox"/> Special Circumstances
<input type="checkbox"/> Changing Days	<input type="checkbox"/> Upgrading Membership
<input type="checkbox"/> Make Up Lesson Policy	<input type="checkbox"/> Downgrading Membership
<input type="checkbox"/> Cancellation Policy	<input type="checkbox"/> Public Holidays Policy
<input type="checkbox"/> Dishonoured Fees	<input type="checkbox"/> Assessment Policy
<input type="checkbox"/> Health and Safety Policy	

Signed X _____

Office Use Only

Ezi Debit	M		
	Fr		
	A		
Database	AP		

FOH Database

Period	
Notes	

Policy Sign Off

Member's Name:

Member's Address:

Suburb/Postcode:

Please tick box after reading the relevant policy:

- | | |
|---|--|
| <input type="checkbox"/> General Conditions of the JNSA | <input type="checkbox"/> Child Protection Policy |
| <input type="checkbox"/> Freeze Credit Policy | <input type="checkbox"/> Special Circumstances |
| <input type="checkbox"/> Changing Days | <input type="checkbox"/> Upgrading Membership |
| <input type="checkbox"/> Make Up Lesson Policy | <input type="checkbox"/> Downgrading Membership |
| <input type="checkbox"/> Cancellation Policy | <input type="checkbox"/> Public Holidays Policy |
| <input type="checkbox"/> Dishonoured Fees | <input type="checkbox"/> Assessment Policy |
| <input type="checkbox"/> Health and Safety Policy | |

I, (print name), acting in the capacity of self/ parent/ guardian for the above mentioned Member, hereby acknowledge that I have read and accepted the policies of the JNSA. I understand that my/ my child's membership may be terminated by management should I fail to adhere to the policies or misuse my/ my child's membership in any way.

Signature:

Date:





justin norris



SWIM ACADEMY



Get Paid On The Dot
ABN 67 096 902 813

Direct Debit Request

Ph: (02) 4966 1411 Fax: (02) 4966 1458

New Customer Form

Customer Reference: []

JNS GEN 12983

Surname: [] (Or Business Name) Given Name: []

Mobile Ph: []

Email: []

Debit Arrangement / Payment Details

And/Or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

1. Once Only Debit Date: [][][][][][][][][] Debit \$ [][][][][][][][]

D D M M Y Y Y Y

2. Regular Debits Date: [][][][][][][][][] Debit \$ [][][][][][][][]

D D M M Y Y Y Y

3. Debit Frequency Weekly Fortnightly 4 Weekly

4. Debit Duration Continue regular debits Until Further Notice (Min. [][] Payments)
(Default)

Fees / Charges

Administration Fee:	\$2.20	Transaction Fee:	\$0.88	Credit Card Fee:	2.2% (min \$0.88) N/A	Visa/Mastercard Amex/Diners	SMS Payment Reminder:	N/A
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Debit from Bank, Building Society or Credit Union Account

Direct Debit is not available on the full range of accounts
- if in doubt please refer to your financial institution

Financial Institution: [] Branch: []

BSB Number: [][][] - [][][] Account Number: [][][][][][][][][][][]
(9 Digits MAX)

Account Holder Name(s): []

I / We authorise Ezi Debit Australia Pty Ltd User ID 165969 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Service Agreement provided.

Debit from Credit Card

VISA MasterCard

Card Number: [][][][] [][][][] [][][][] [][][][]

Expiry Date: [][] / [][]

Card Holder Name: []

By signing this form, I / We authorise Ezi Debit Australia Pty Ltd, acting on behalf of the business to debit payments from my specified credit card above, and I / we acknowledge that Ezi Debit Australia will appear as the business name on my credit card statement.

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/we have read and understand the same.

Signature(s) of Nominated Account []

Date [][] / [][] / [][][][][][]
D D M M Y Y Y Y

Office Use Only: S1

Received Date:

Reference No:

Ver 1.0

COMPLETE USING BLACK INK ONLY

DDR Service Agreement

I/We hereby authorize Ezi Debit Australia Pty Ltd (ACN: 096 902 813) **Direct Debit User ID number 165969** (herein referred to as Ezi Debit) to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the Business)

I/We acknowledge that Ezi Debit is acting as a Direct Debit Agent for the Business and that Ezi Debit does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of the agreement with the Business.

I/We acknowledge that bank account and credit card details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We acknowledge that it is my/our responsibility to ensure that there is sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight; however transactions can take up to three (3) business days depending on your financial institution. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We agree that Ezi Debit will not be held responsible for any fees and charges that may be charged by your financial institution.

I/We Acknowledge that there may be a delay in processing if:

- 1) There is a public or bank holiday on the day, or any day after the debit date
 - 2) A payment request is received by Ezi Debit on a day that is not a Banking Business Day
 - 3) A Payment request is received after normal Ezi Debit cut off times, being 4pm QLD time Monday to Friday.
- Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise the Business to vary the amount of the payments from time to time as provided for within the Business agreement. I/We authorise Ezi Debit to vary the amount of the payments upon instructions from the Business. I/We do not require Ezi Debit to notify me/us of such variations to the debit amount.

I/We acknowledge that the business is to provide 14 days notice if proposing to vary the terms of the debit arrangements.

I/We acknowledge that variations to the debit arrangement will be directed to the Business.

I/We acknowledge that any request to stop or cancel the debit arrangement will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit in addition to any financial institution charges and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by Ezi Debit.

I/We authorise Ezi Debit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that if specified by the Business, a setup, variation, SMS or processing fees may apply as instructed by the Business.

Credit Card Payments

I/We acknowledge that "Ezi Debit Australia" will appear as the business name for all payments from credit card. I/We acknowledge and agree that Ezi Debit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the business as Ezi Debit is acting as a 3rd party payment provider. I/We Acknowledge and agree that in the event that a claim is made, Ezi Debit will not be liable for the refund of any funds.

Ezi Debit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debit, or otherwise required by law. Further information relating to Ezi Debit's Privacy Policy can be found at www.ezidebit.com.au

Credit Card Fees are a minimum of the transaction fee or the credit card fee which ever is greater.

I/We authorise:

- 1) The Debit User to verify details of my/our account with my/our financial institution
- 2) The Financial Institution to release information allowing the Debit User to verify my/our account details.

NOTICE TO CUSTOMERS – EZIDEBIT SMS NOTIFICATION & DISHONOUR FEE

From the Monday 5th January 2009, Ezidebit will be sending you an SMS if your Justin Norris Swim Academy direct debit fails and is returned unpaid.

Ezidebit will also apply a dishonour fee of \$8.80 which is to recoup charges passed on by the banking system.

Justin Norris Swim Academy will charge an additional \$10 if three (3) payments in a row are dishonoured.

Your payments are your responsibility. Please make sure your accounts and credit cards are current to avoid any of these fees.

Please see us at the Front of House desk if you have any questions.

JNSA Management.

EXCLUSION OF LIABILITY AND RISK WARNING

This is an important Declaration which affects your legal rights and obligations. Please read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions, please ask the person who has provided this Declaration to you.

Declaration by Parent / Guardian

1. I am aware that in this Declaration “**Operators**” means each of Norris Building Investments Pty Limited ACN 114 225 311 and Norris Business Enterprises Pty Ltd ACN 114 229 784 and their employees, officers, agents and contractors.
2. I am the parent / guardian of (my “Child”).
3. I understand that guardian is a person who has parental responsibility of a child.
4. I enter into this Declaration in consideration of the Operators permitting my Child to participate in any activities at the Justin Norris Swim Academy, any activities organised by the Operators and to use the Justin Norris Swim Academy (“the Activities”). Such Activities include without limitation learn-to-swim classes, aerobics classes, hydrotherapy sessions, pool parties, use of children’s play equipment, change room facilities and cafe.

Acknowledgement of Risk Warning

5. I am aware that the Activities involve risks and dangers including without limitation drowning, slipping, exhaustion, collisions with or by others persons or equipment, equipment failures, infection and adverse reactions to water temperature and chemicals all of which may result in injury or death.
6. I agree that I my Child participates in the Activities at his or her own risk.
7. I understand that any safety precautions undertaken by the Operators are a service to my Child but are not a guarantee of my Child’s safety.

Warranty of Fitness

8. I understand that the Activities may be physically demanding and I warrant that my Child is physically fit and able to complete those of the Activities he or she participates in. If I am asked to, I agree to provide a doctor’s certificate as to my Child’s fitness.

Consent to Treatment

9. I consent to my Child receiving any medical treatment that any of the Operators consider to be desirable during or after the Activities at my cost.

Exclusion of the implied warranties in the *Trade Practices Act*

10. I understand that the following implied warranties in the *Trade Practices Act* (“the Implied Warranties”) are excluded:
 - the services provided in connection with the Activities (“the Services”) will be provided with due care and skill;
 - any materials supplied in connection with the Services will be reasonably fit for the purpose for which they are supplied;
 - where I expressly or impliedly make known the particular purpose for which my Child requires the Services for, then those Services (and any materials supplied in connection with the Services), will be reasonably fit for the purpose required or will be of such a nature and quality that they could reasonably be expected to achieve that result.
11. I understand that the Implied Warranties are only excluded where the damage suffered by my Child is injury or death.

Release and Indemnity

12. In consideration for the Operators permitting my Child to participate in the Activities to the extent permitted by law:
 - (a) I release the Operators from any action or claim I may have against the Operators for any damage, loss, injury or death, even if such action or claim arises from the Operators’ negligence; and
 - (b) I indemnify the Operators from any liability or cost incurred or suffered by the Operators in connection with my Child’s participation in any Activities.

Photography

13. I agree that I will not take any photographs whilst I am at the Justin Norris Swim Academy unless I have first obtained consent from *JNSA staff at the Front Desk*.

Declaration

14. I have read and understood this Declaration and the brochure titled A New Era Has Arrived and sign this Declaration voluntarily.

Signed:.....
Date:

Witness:.....
Date: