

HEALTH AND FITNESS

INSURANCE APPROVED EXERCISE PROGRAM REQUEST

PERSONAL/PARENT/GUARDIAN DETAILS - Complete all details in block letters		
Surname		First name
Membership number		Date of birth day / mo / year
Address		Suburb Postcode
Email		
Phone		Mobile
Emergency contact name		Emergency contact phone
Claim number		Membership start date day / mo / year
REHABILITATION PROVIDER DETAILS - Complete all details in block letters		
Practice name		Therapist name
Address		Suburb Postcode
Email		
Phone		Mobile
MEMBERSHIP REQUEST DETAILS		
3 months gym / pool membership	10x pool passes (12 month expiry)	20x pool passes (12 month expiry)
INVOICE DETAILS		
Practice name	Invoice practice	Pay at gym reception on 1st visit
REFERRER SIGNATURE		
Signature(s) _____ Date day / mo / year		