



Position: OUTSIDE MEMBER

| | |
|-------------------|--|
| REGISTRATION NO: | 2002 / 01924 / 07 |
| Physical Address: | Legends Lifestyle Centres Clifton Hill Estate, Acutts Dr, Hillcrest |
| Contact Numbers: | 0317621700 / 0317621702 |
| Email address: | reception@legendslifestyle.co.za |

| | | |
|-------------------------|--------------------|--|
| Member's Rate: R | (inclusive of vat) | FAMILY / SINGLE / STUDENT / PENSIONER / PARENT & CHILD |
| Expiry Date: | | 25th DO / 1st DO / MONTHLY / UPFRONT |
| Account No / Reference: | Pro Rata: | Joining Fee: Access Fee: |

PARTICULARS

Member's Name & Surname: _____

Physical address: _____

| | | |
|---------|-------|--------|
| Mobile: | Work: | Email: |
|---------|-------|--------|

ID Number: _____

Employer & Business address: _____

| | | |
|----------------------|-------------|--------|
| Business Tel Number: | Occupation: | Email: |
|----------------------|-------------|--------|

SPOUSE'S PARTICULARS

Member's Name & Surname: _____

Physical address: _____

| | | |
|---------|-------|--------|
| Mobile: | Work: | Email: |
|---------|-------|--------|

ID Number: _____

Employer & Business address: _____

| | | |
|----------------------|-------------|--------|
| Business Tel Number: | Occupation: | Email: |
|----------------------|-------------|--------|

CHILDREN PARTICULARS

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

A. AUTHORITY

| | | | | | |
|-----------------------------------|--------------|---------|--------------|-----------------------|------------------|
| Name of account holder to debit: | | | | | |
| Domicile et executandi: (Address) | | | | | |
| Contact Numbers: | (C) | | | (W) | |
| Bank: | Branch Code: | | Acc Number: | | |
| Type of Account: | Current | Savings | Transmission | Amount to be deducted | R |
| | | | | | Debit order date |

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. MANDATE

I /We acknowledge that all payment instructions issued by you shall be treated by **my/our** above-mentioned Bank as if the instructions have been issued by **me/us** personally. I/We agree to pay any penalty bank charges relating to this debit order instruction.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. There will be a 30 % cancellation fee applicable on the remainder of the membership.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. POPI ACT

All the information submitted herein shall be used for the purpose of Legends Lifestyle Centre's database and marketing. Legends Lifestyle Centre undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this contract in accordance with the Popi act.

Signed at _____ on this _____ day of _____.

(Account holder on the bank account)

**LEGENDS LIFESTYLE CENTRE
INDEMNITY FORM**

I / WE:

| | | |
|----------|-----|-----|
| ADDRESS | | |
| TEL NO: | (H) | (W) |
| CELL NO: | | |

HEREBY ACCEPT THE FOLLOWING CONDITIONS TO THE LIFESTYLE CENTRE:

1. Legends Lifestyle (PTY) Ltd does not take responsibility for any injury sustained by any person whilst on the premises or whilst using any of the facilities at the Centre.
2. Legends Lifestyle (PTY) Ltd does not take responsibility for the loss of personal belongings of any person or persons whilst in the Lifestyle Centre.

1. ALLERGIES:

2. MEDICATION:

3. RECENT SURGERY:

4. DOCTORS NAME AND NO:

5. CONTACT IN AN EMERGENCY:

SIGNED _____ DATE _____

PAR – Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Q

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

You are encouraged to copy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT _____

or GUARDIAN (for participants under the age of majority)

DATE _____

WITNESS _____

continued on other side...



PAR – Q & YOU

We know that being physically active provides benefits for all of us. Not being physically active is recognized by the Heart and Stroke Foundation of Canada as one of the four modifiable primary risk factors for coronary heart disease (along with high blood pressure, high blood cholesterol, and smoking). People are physically active for many reasons - play, work, competition, health, creativity, enjoying the outdoors, being with friends. There are also as many ways of being active as there are reasons. What we choose to do depends on our own abilities and desires. No matter what the reason or type of activity, physical activity can improve our well-being and quality of life. Well-being can also be enhanced by integrating physical activity with enjoyable healthy eating and positive self and body image. Together, all three equal VITALITY. So take a fresh approach to living. Check out the VITALITY tips below!

Active Living:

- accumulate 30 minutes or more of moderate physical activity most days of the week
- take the stairs instead of an elevator
- get off the bus early and walk home
- join friends in a sport activity
- take the dog for a walk with the family
- follow a fitness program

Healthy Eating:

- follow Canada's Food Guide to Healthy Eating
- enjoy a variety of foods
- emphasize cereals, breads, other grain products, vegetables and fruit
- choose lower-fat dairy products, leaner meats and foods prepared with little or no fat
- achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating
- limit salt, alcohol and caffeine
- don't give up foods you enjoy - aim for moderation and variety

Positive Self and Body Image:

- accept who you are and how you look
- remember, a healthy weight range is one that is realistic for your own body make-up (body fat levels should neither be too high nor too low)
- try a new challenge
- compliment yourself
- reflect positively on your abilities
- laugh a lot



Enjoy eating well, being active and feeling good about yourself. That's



FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW.

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):
The **Physical Activity Readiness Medical Examination (PARmed-X)** - to be used by doctors with people who answer YES to one or more questions on the PAR-Q.
The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY)** - to be used by doctors with pregnant patients who wish to become more active.

References:

- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy, In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

To order multiple printed copies of the PAR-Q, please contact the

Canadian Society for Exercise Physiology
1600 James Naismith Dr., Suite 311
Gloucester, Ontario CANADA K1B 5N4
Tel. (613) 748-5768 FAX: (613) 748-5763

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee assembled by the Canadian Society for Exercise Physiology and Fitness Canada (1994).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 1994)».

