

Aqua fitness registration form

Date: _____
How did you hear about Aqua Fitness : _____
Full Name: _____
National Id card number: _____
Address: _____
Contact number _____ Email: _____
Your: Current Weight ____ Height ____ Current Age: ____ Date of birth : _____
Your swimming Level: Don't know weak swimmer Excellent
I do exercise: Regularly Occasionally
Desired Class Time:
Morning 06:00-07:00 07:00-08:00 (full aqua class) 17:00-18:00 (full aqua class)
19:00 – 20:00 (full aqua class)
20:00-21:00 (Land +aqua class)

I want receive Health and fitness related Messages

Please list any Health / Medical issues or concerns: (history of past and current)

Emergency Contact

Name _____ Relationship _____
Primary Phone # _____ Alternate Phone _____

ATTENTION:

You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur

I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physician's approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way.

I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way.

I / Guardian hereby affirm with my signature below that I have read, understand and agree to the above.

Name:

Signature:

Registration

- Once application form submits to Aqua Fitness the member is a registered member unless he/she unregisters officially.
- Filled applications must be sent to Aqua Fitness email or submit to Aqua Fitness office.
- Application forms could be downloading from our website.
- A member can join once after application is submitted and class fee paid.
- Fee payment would be due each month before 10th unless unregister and the member should pay the class fee every month once joined.
- Class fees should be made before due date though a member is on leave or out of city (official/unofficial) in trip.
- Fees are not deductible though a member joins in the middle of a month or once after days passed in a month.
- Fees are calculated for a calendar month and not adjustable from the date of join.

Class Payment

- All Class fees are collected by online transfers and ATM deposits to Aqua fitness BML account.
 - Account Name: Aqua Fitness
 - Account Number: 7730 0000 57738
- Once payments made, email or viber the transaction receipt to Aqua Fitness admin. (7793653)
- Class fee cannot be refunded once paid.

Class fee

Full Aqua 1000/- (one thousand) per month.

Land and Aqua 800/- (eight hundred) per month. (Only Night 20:00 to 21:00)

Loyalty members

Within 03 months Member who achieves 80% attendance on;y is eligible to our loyalty benefits.

OFFICE

AQUA FITNESS

G.Meerange 6 floor

Bodurasgefaanu magu

Male, Maldives

Website: www.aquafitness.com.mv

Email: aquafitness.com.mv@gmail.com

Face book page: www.facebook.com/aquafitnessmaldives

Info: (960) 9991787 , 7500077

Admin: (960) 7793653