



Mega Spin Application Form

Rider Details

Name: _____

Address: _____

Mobile: _____ Phone: _____

Email: _____

Gender: _____ Occupation: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Medical History

Are you aware of any predisposition, previous medical history or current medical history that would subject you to risk or injury while participating in high intensity cardiovascular exercise?

Please Circle: **YES** **NO**

If YES, please consult with and obtain clearance from a medical professional before committing to this exercise program

Terms & Conditions of Participation

1. All participants must complete an application form for their first Mega Spin Block each year
2. Missed classes may be made up by doing two classes in one week (subject to availability).
3. Class day/time may be swapped within a block if needed (subject to availability).
4. A missed class can only be made up in the same spin block it was missed. Credit in following blocks is NOT possible.
5. Class fee is payable upon booking.

I hereby acknowledge and agree with the above terms and conditions

Client Signature _____ Date _____

Enrolment details:

Duration: (Please circle) 1 Block/8 Weeks 2 Blocks/16 Weeks 3 Blocks/24 Weeks

Mega Spin Hour of Power

Preferred class:

(Please circle) Tuesday Evening Wednesday Evening

Course Outline and Features

- 8 week modules of high intensity power training
- Ongoing monitoring with advice on:
 - ✓ Pedalling technique
 - ✓ Gear selection
 - ✓ Body positioning
- All sessions are 1 hour in duration

Handy Hints

- Bring a towel, head band and 2 water bottles
- Smart phone or tablet with the Kinetic App or a power meter and cycling computer are essential
- Please arrive at least 15 mins before the class to learn how to put your bike in the trainer correctly. Classes will start promptly

Please Note: We cannot set up your computer, fix mechanical issues with your bike or do a bike fit during Mega Spin. We can help with all of these things if you call and make a booking before classes start.

Office Use Only

Date of course: _____ Date of finish: _____
Date of sign up: _____ Signed in by: _____
Amount paid: _____ Payment method: _____