



## Membership Agreement

Membership Linked:		Membership Number:	
Title:	First Name:	Last Name:	
D.O.B: (dd/mm/yyyy)		Tel/Mob Number:	
Email:			
Address:			

### Payment Details

1 Month – £75       3 Months – £180       12 Months – £550

12 Months Direct Debit – £50 per month (rolling membership)

12 Months Direct Debit– Corporate Rate (rolling membership)

Name of Company

Please note that by signing up to a 12 month Direct Debit Membership you are agreeing to maintain your membership for a minimum of 12 months. Should your circumstances change within those months, please contact us to discuss the options with you.

I hereby confirm that the above information, along with that provided on my Direct Debit Form and the Health Par-Q Form is correct.

By signing this form, I agree to adhere to all the Rules of the Gym, and to behave in a courteous and kind manner at all times, being respectful of my fellow gym users.

I am aware that full Terms and Conditions of the Gym are available upon request.

Signature:

Date:

Staff Notes:



Name:	D.O.B: (dd/mm/yyyy)
Address:	
Mobile No:	Email:
Emergency Contact No:	
Doctor's Name:	Doctor Contact No:

### Physical Activity Readiness Questionnaire (PAR-Q)

This is designed to protect your general health and well-being and is there to identify the small number of adults for whom physical exercise may be inappropriate or for those who should seek medical advice concerning the type of activity most suitable to them.

- |                                                                                                                    |     |    |
|--------------------------------------------------------------------------------------------------------------------|-----|----|
| • Has your doctor ever said that you have a heart condition and/or recommended only medically supervised exercise? | Yes | No |
| • Do you feel pain in your chest when you do physical exercise?                                                    | Yes | No |
| • Do you suffer from epilepsy?                                                                                     | Yes | No |
| • Has your doctor/nurse ever said that your blood pressure was too high?                                           | Yes | No |
| • Do you ever lose your balance because of dizziness or do you ever lose consciousness?                            | Yes | No |
| • Are you pregnant or have given birth in the last three months?                                                   | Yes | No |
| • Are you taking any prescribed medication?                                                                        | Yes | No |
| • Do you know of any other reason not mentioned why you should not do physical activity?                           | Yes | No |

Please provide additional details of any injury or illness not mentioned above, which may affect your ability to exercise safely:

#### If you answer YES to one or more questions:

- A member of the gym team will ask you further questions and advise you on how to proceed.
- Prior to an induction appointment being made, a member of the gym team may request that you consult with your doctor before using our facilities. Your doctor will be able to advise you to your suitability for further physical exercise.

#### Disclaimer

I have read and completed the above checklist to the best of my knowledge. I understand that it is strongly recommended that I do not use any items of the exercise equipment that I am unfamiliar with, and that I can ask a member of the gym team for assistance if I am unsure of anything. I fully accept that undertaking any exercise programme or class is inherently risky, and by signing this form I fully accept that risk. I also agree to inform a member of the gym should my health status change at any point in the future so that they are fully aware of any medical condition which may affect my ability to exercise safely.

Member/Guest Signature:

Date:

Team Member Signature:

Team Member Comments:

