

UPGRADE

Membership Agreement

Title:	First Name:	Last Name:	D.O.B:
Telephone number:	Email Address:		
Address:			
Post Code:			

Payment Details

Monthly Standing Order Options (Rolling membership, 6+ Months)

Standard Membership - £52 per month

Corporate Membership - £47 per month (Minimum 5 per company)

Healthcare and Emergency Services Membership - £47 per month

Company:

Students (16-18) - £35 per month (with proof of ID)

Upfront Pay as you go membership

University Students - £47 per month (with proof of ID)

1 Month - £65

3 Months - £180

Annual Payment

Standard- £572

HC+ES/ Corporate - £517

Student - £385

Please note that by signing up to a DD, you are agreeing to fulfil your membership the minimum period as agreed in advanced (A minimum of 6 months)

I hereby confirm that the above information is correct, and the information on the attached PAR-Q is correct. I agree to inform you of any changes to any of the information as soon as possible.

By signing this form, I agree to adhere to all the rules of the gym - *which are available upon request* - and to behave in a courteous and kind manner at all times, being respectful of my fellow gym users.

Signature: _____

Date: _____

I hereby agree for my personal data to be stored for use solely by Upgrade for GDPR requirements, contacting me regarding membership, payments, emergencies and updates.

To opt out of please tick the box

Staff Notes:

Sign here:

Date:

Physical Activity Readiness Questionnaire (PAR-Q)

Emergency Contact Name: _____ **Contact Number:** _____

Doctors Name/ Surgery: _____

This has been 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 appropriate or for those who should seek medical advice concerning the type of activity most suitable to them. If you answer YES please provide details in the box below.

- 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 currently taking any prescribed medication? (yes/no)
- Do you know of any other reason not mentioned why you should not do physical activity? (yes/no)

If you answered YES please provide details along with any 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 you consult with your doctor before using our facilities. Your doctor will be able to advise to your suitability for further physical exercise.

Disclaimers:

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 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 staff should my health status change at any point in the future so that they are fully aware of any condition which may affect my ability to exercise safely.

I agree to adhere to all the rules of the Gym, and to behave in a courteous and kind manner always, being respectful of my fellow gym users.

Sign here:

Date:

