

# Membership Application Form



Please fill in BLOCK CAPITALS

## 1. MEMBER DETAILS

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Telephone: (Landline) \_\_\_\_\_ (Mob) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ (Mob) \_\_\_\_\_

Contact details will be kept on file for information and marketing purposes such as cancelling classes/events and promotion of special offers. Please inform us if you do not wish to receive these alerts. Alternatively you can opt at a later date also by unsubscribing to emails.

## 2. MEMBERSHIP TERMS & CONDITIONS

1. There is a 7-day reflection period from the date of signing this form whereby you are entitled to a full refund if you change your mind.
2. 14 & 15yr olds must have a membership to use gym facilities and a parent/guardian sign the 'Health and Fitness Consultation' form and may not use the facility outside of stated hours unless by order of management. In certain circumstances a parent/guardian may be required to accompany the youth.
3. 14 and 15yr olds are not allowed to use the resistance machines and weights unless they have passed the Centre's 'Youth Weight Training Programme'.
4. Steam room and Sauna are for members over 18yrs.
5. Management reserves the right of admission and the right to remove any person or revoke membership with due cause.
6. Members must adhere to gym & class etiquette (see *Gym Etiquette* poster on gym notice board).
7. Membership is non-transferable, non-refundable and cannot be frozen except in exceptional medical circumstances, up to a maximum of 6mths. Each case is investigated and a medical cert is required before membership can be frozen and again prior to resuming membership.
8. Members must fill out a new 'Health and Fitness Consultation' form if their health status has changed and/or every 12 months.

**Before signing this form I have read, understood and hereby agree to the above Terms & Conditions of Membership**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Block Capitals: \_\_\_\_\_

## 3. OFFICE USE: MEMBERSHIP DETAILS

Type: Adult  Concession  14-15yrs  Couple  Family

Status: Renewal:  New Member:

Duration: 1mnth  3mnth  6mnth  12mnth  Other   
Start Date: \_\_\_\_\_ Expiry Date: (Including Any extensions) \_\_\_\_\_

Payment Method: Cash  Standing Order   
Amount Received: \_\_\_\_\_ Receipt Ref No: \_\_\_\_\_

Membership No: \_\_\_\_\_