

# Gym Membership Application Form



- Please fill out all details including the Standing Order mandate
- It is important that the medical questionnaire is complete and signed as well as the terms and conditions of the contract
- All gym members are required to undergo an induction before using the gym
- The minimum age for members is 16

*Thank you for taking the time to complete this application and we look forward to welcoming you to our gym*

PLEASE USE BLOCK CAPITALS

## PERSONAL DETAILS

Surname	<input type="text"/>	Home Tel	<input type="text"/>
First Name	<input type="text"/>	Mobile Tel	<input type="text"/>
Date of Birth	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	<b>EMERGENCY CONTACT DETAILS</b>	
	<input type="text"/>	Contact Name	<input type="text"/>
Post Code	<input type="text"/>	Home Tel	<input type="text"/>
Do you declare a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Tel	<input type="text"/>
If yes, please outline	<input type="text"/>	Relationship	<input type="text"/>

## MEMBERSHIP TYPE (16 YEARS AND OVER)

PLEASE CIRCLE

### Adults

Duration	Paid now in full	Paid by monthly standing order
3 months	£40	£15
6 months	£85	£15
12 months	£170	£15

### Students

Duration	Paid now in full	Paid by monthly standing order
3 months	£35	£12.50
6 months	£70	£12.50
12 months	£140	£12.50

## OFFICE USE ONLY

Membership Type	<input type="text"/>
Payment Type	<input type="text"/>
Staff Signature	<input type="text"/>
Standing Order Mandate filled in	<input type="text"/>
Induction Date	<input type="text"/>
Membership Expiry	<input type="text"/>
Membership Number	<input type="text"/>
Staff Name	<input type="text"/>

## TERMS AND CONDITIONS

- At every visit you must sign in at reception and present your membership card to the staff member.
- Opening hours are those stated and you must not enter the gym before these times. Please vacate promptly at closing time.
- Memberships start from the day of induction and work on a rolling monthly cycle by standing order until contract expires (detail on mandate number of occurrences), Standing orders taken on date they sign up.
- All memberships are non-refundable and can't be refunded.
- A month prior to the end of membership duration, the client will be contacted to see if they would like to renew.
- The gym is for the use of the Grange Sports Centre members only, therefore guests are not allowed.
- During busy periods please limit your time on machines.
- For the health and safety, members must adhere strictly to the following:
  1. All free weights are to be returned to the racks after use
  2. Cups and mugs are not allowed in the gym
  3. Members should bring a small towel to wipe down machinery after use
  4. Appropriate clothing and footwear must be worn at all times
  5. Offensive language or behaviour will not be tolerated
  6. Clashing weights, excessive noise and mistreatment of equipment will not be tolerated
- Anyone under the influence of drugs or alcohol will be ejected and their membership reviewed.
- If for any reason a standing order fails to credit into our account, membership will be suspended until payment resumes or another payment method is used.
- The Grange Sports Centre management reserve the right to exclude any member they deem not to be adhering to any of the above or by their own actions poses a health and safety risk to others.

## CONSENT TO EXERCISE

- Please answer all questions fully and honestly to enable us to ensure you exercise safely
- Please ensure you sign the declaration on Page 3
- If you are under 18, a parent or guardian must also sign

### Physical Activity Readiness Questionnaire (PARQ) PLEASE TICK

Have you, for any reason been unable to exercise in the past	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your doctor ever advised you against exercising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from any cardiac (heart) related illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from respiratory difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from fainting, migraines or loss of balance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from any bone, joint or muscle related disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any history of heart disease in your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever experienced chest pain whilst exercising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have high blood pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have elevated cholesterol levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently taking prescribed medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered 'yes' to any of the above please give details below. All information is held in the strictest confidence and accessible only by the Leisure Duty Manager and relevant staff.**

### DECLARATION OF CONSENT TO EXERCISE

I confirm that all answers above are true to the best of my knowledge and I believe I am able to participate in exercise at the Grange Sports Centre.

Date  Signature

The person making this application is under 18 or unable to sign themselves. I confirm that I will be taking responsibility for this person's declaration.

Name  Relationship   
Date  Signature

### DECLARATION OF MEMBERSHIP

I confirm that I have read and understood all terms and conditions of hire and I wish to proceed with my Gym Membership application for the Grange Sports Centre. I understand that my membership can't be cancelled during the period I have selected.

Date  Signature

**GDPR Privacy Statement** can be found at <https://www.grange.org.uk/>

The Sports Centre will use your data to keep a record of your membership and may also contact you about events and opportunities.

- ☐ I have read and understood how you use my data and consent to proceed  
☐ I am not happy with how my data will be used and do not give consent to proceed

### Gymnasium Opening Times

Monday to Friday 6pm - 10pm  
Saturdays 1pm - 7pm  
Sundays 8am - 7pm

### MEMBERSHIP PAYMENT DETAILS

I wish to make payment by ☐ Standing Order (monthly)  
☐ BACS (full amount)

for the amount of

Please make BACS payments to  
The Grange Trading Development Limited

Bank: NatWest  
Account Number: 76544796  
Sort Code: 60-15-29

Please use the below payment reference number

***BACS payment must be received in full before your use of the gym can commence***

# STANDING ORDER MANDATE

## The Grange Sports Centre - Gym Membership



PLEASE USE BLOCK CAPITALS

### Your Bank Manager

To the Manager	Bank / Build Society
Address	
Post Code	

### Name(s) of Account Holder(s)


### Bank/Building Society Account Number

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### Branch Sort Code

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### Your Details

Name
Address
Post Code

  

Signature(s)

  

Date
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### Instructions to your Bank or Building Society

Please pay The Grange Trading Development Limited

Bank: NatWest  
Account Number: 76544796  
Sort Code: 60-15-29

The sum of

£

--

Commencing on

--

of the month

For

--

Occurrences

### Reference Number

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Please return completed form to:

The Grange Trading Development Limited  
The Grange School  
Bradburn's Lane  
Hartford  
Northwich  
CW8 1LU

***This form must be returned before your use of the gym can commence***