

## Membership Form

**Membership Type :**  
Please circle the appropriate membership tariff you would like to sign up for:

Gold Adult £40 PM	Silver Adult £25 PM	Bronze Adult £60 PY	Racket £25 PM
Gold Couple £60 PM	High School youth £10 PM	Bronze concession £48 PY	
Gold Family £70 PM			PM- Per Month PY- Per Year

Title	<b>Mr/Mrs/Miss/Ms/Dr</b>	Forename	
Surname			
Date of Birth			
Address			
Town			
County			
Postcode			
Mobile No:		Home No:	
Email			

If you would like to opt in, to receive information regarding our events and promotional offers, please tick the boxes below as to how you would like to receive this future information.

- Email
- Post
- SMS

Please confirm that you are happy for us to store your personal information by signing and dating below.

Signed ..... Date.....

### Reception use only

Membership:			
Payment:			
Date paid:			
Membership start date:		Membership number:	
Renewal date:		Date card issued:	
Database update date:			

Staff signature.....Print name .....

**Physical Activity Readiness Questionnaire  
For Gym inductions and programmes**

**Personal information**

*(All information you give will be treated as confidential and stored appropriately)*

Doctor		Phone	
Address			

**Medical History**

Do you smoke?	Yes/no
If yes, how many a day?	
Has your doctor ever stated your blood pressure is too high?	Yes/no
Has your doctor ever stated your cholesterol is too high?	Yes/no
Do you have any known cardiovascular problems? (heart disease, abnormal ECG, angina etc?)	Yes/no
If yes, please provide additional details:	
Is there any history of heart problems in your immediate family?	Yes/no
If yes, please provide additional details:	
Have you experienced any chest pain whilst doing any physical activity?	Yes/no
Do you have any lung or breathing problems? (asthma, shortness of breath, etc?)	Yes/no
If yes, please provide additional details:	
Do you have any allergies?	Yes/no
If yes, please provide additional details:	
Do you ever feel faint or have spells of dizziness?	Yes/no
Have you (or immediate family member) been diagnosed with diabetes?	Yes/no
If yes, please provide additional details:	
Do you have any other medical conditions or problems that we should know about?	Yes/no
If yes, please provide additional details:	

**Please turn page over for more medical questions...**

Have you got a hernia or any other conditions that may be aggravated whilst using our facilities?	Yes/no
If yes, please provide additional details:	
Do you have any orthopaedic problems? (bad back, knees, arthritis?)	Yes/no
If yes, please provide additional details:	
Is there a history of osteoporosis in your immediate family?	Yes/no
If yes, please provide additional details:	
Do you have any injuries or any previous injuries that may still affect your performance?	Yes/no
If yes, please provide additional details:	
Are you pregnant?	Yes/no
Are you currently taking any medication or on any dietary supplements that may affect your performance?	Yes/no
If yes, please provide additional details of how they may affect you:	

If you know of any reason why you may not be able to take part in physical activity you should contact your doctor for further advice.

**Emergency contact details**

Emergency contact details	Please provide all the details of someone we can contact in an emergency.
Name	
Relationship	
Phone number	
Additional phone number	

Please confirm, by ticking the box, that the emergency contact is happy for their information to be stored and that in an event of an emergency, they will be contacted.

The information I give above is true and to the best of my knowledge. I know I am responsible for monitoring myself and my own health while exercising and to seek the appropriate medical help if my health situation changes.

Signed..... Date.....