

# NEW MEMBERSHIP APPLICATION

Please complete the YOUR DETAILS section of the application form below. (Rest assured that any personal information you divulge on the form will be kept in the strictest confidence and that completed paperwork is stored securely.) After you have completed this form, please read, complete and sign the Physical Activity Readiness Questionnaire (PAR-Q) and return both documents to a member of staff.

## YOUR DETAILS

FULL NAME: \_\_\_\_\_ DATE OF BIRTH:   /   /

HOME PHONE:             MOBILE PHONE:

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS (the person you would want us to contact on your behalf)

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

HOME PHONE:             MOBILE PHONE:

## BANK DETAILS (for direct debit payments - if applicable)

ACCOUNT NAME: \_\_\_\_\_ BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER:           SORT CODE:

## MEMBERSHIP OPTION (the membership type for which you are applying - 'tick' the appropriate box)

PLATINUM  GOLD  SILVER (OFF-PEAK)  BRONZE (JUNIOR)  CORPORATE  RACKET  CASUAL (P-A-Y-G)

## FAMILY DISCOUNT (details of your family member that is already a member of the club - if applicable)

FULL NAME: \_\_\_\_\_ DATE OF BIRTH:   /   /

## STAFF ONLY

ANNUAL  MONTHLY  P-A-Y-G  DIRECT DEBIT  CHEQUE  CREDIT CARD  CASH  SPECIAL

SQUASH  SQUASH57  TENNIS  FOOTBALL  GYM  SPINNING  JUNGLE BODY  YOGA  PILATES

STEP  AEROBICS  STRENGTH & CONDITIONING  RUNNING & JOGGERS  CYCLING  HOSPITALITY

INTRODUCTION & TOUR  PAR-Q  INDUCTION  PROGRAMME  COACHING  PERSONAL TRAINING

BASEBALL CAP  TEE SHIRT  WATER BOTTLE

INDUCTION DATE:   /   /   TIME:   :

STAFF NAME: \_\_\_\_\_ DATE:   /   /

## BLOOD PRESSURE

DATE:   /   /   TIME:   :   SYSTOLIC (HIGH):    / DIASTOLIC (LOW):

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

PAR-Q is a sensible first step if you're planning to increase the amount of physical activity in your life. The questionnaire has been designed to help identify which type of activities are appropriate for you, or if you should seek medical advice before undertaking any.

Honesty and common sense are your best guides to answering the questions. Please read them all carefully and 'tick' the NO or YES box in response to each question. If you tick YES, please write a brief statement to clarify your response. (Rest assured that any personal information you divulge on the PAR-Q will be kept in the strictest confidence and that completed paperwork is stored securely.)

After responding to all of the questions, please read the declaration statement. If you agree with the statement, add your full name, date-of-birth, signature and today's date.

### QUESTIONS

1. Has a doctor ever said that you have heart trouble or a related condition? NO  YES : \_\_\_\_\_

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2. Do you ever suffer from chest pains during or after exercise? NO  YES : \_\_\_\_\_

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3. Do you often feel faint, have spells of dizziness or lose consciousness? NO  YES : \_\_\_\_\_

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4. Has a doctor ever said that your blood pressure was too high or too low? NO  YES : \_\_\_\_\_

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5. Do you have a bone or joint problem that could be aggravated by exercise? NO  YES : \_\_\_\_\_

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6. Do you suffer from back pain or have you had a back problem in the past? NO  YES : \_\_\_\_\_

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7. Do you have any medical conditions that affect your breathing? NO  YES : \_\_\_\_\_

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8. Have you recently suffered any ill health or undergone any medical procedures? NO  YES : \_\_\_\_\_

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9. Do you currently have a disability or a communicable disease? NO  YES : \_\_\_\_\_

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10. Do you regularly take medication, prescribed by a doctor or otherwise? NO  YES : \_\_\_\_\_

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11. Are you pregnant or have you been pregnant in the last 6 months? NO  YES : \_\_\_\_\_

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12. Is there a good reason why you should not undertake physical activity? NO  YES : \_\_\_\_\_

### DECLARATION

I have read and understood the questions above and have responded honestly to all of them. I fully appreciate that even if I have answered NO to all of them, that I may still have an unexpected adverse response to physical activity. If I have answered YES to any of the above questions, I will seek written consent from a doctor to undertake physical activity, if advised to do so by a member of staff.

FULL NAME: \_\_\_\_\_ DATE OF BIRTH:   /   /

SIGNATURE: \_\_\_\_\_ DATE:   /   /