

NEW MEMBERSHIP APPLICATION

Please complete the YOUR DETAILS section of the application form below. Then read, complete and sign the Physical Activity Readiness Questionnaire (PAR-Q). When complete, please hand them both to a member of the Heywood team. (Personal information is kept in strict confidence and stored securely.)

YOUR DETAILS

FULL NAME: _____ DATE OF BIRTH: / /

HOME PHONE: MOBILE PHONE:

EMAIL ADDRESS: _____

HOME ADDRESS: _____

POST CODE: _____

CONTACT PREFERENCES (methods by which the club can contact you - 'tick' the appropriate boxes)

SOCIAL MEDIA EMAIL TEXT (SMS) MOBILE TELEPHONE HOME TELEPHONE POST

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)

GOLD SILVER BRONZE CORPORATE RACKET GYM JUNIOR GYM CASUAL

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

FULL NAME: _____ DATE OF BIRTH: / /

HEYWOOD TEAM ONLY (DO NOT COMPLETE THIS SECTION)

STAFF NAME: _____ DATE: / /

ANNUAL MONTHLY DIRECT DEBIT DEBIT/CREDIT CARD CASH CHEQUE SPECIAL

PADEL SQUASH SQUASH57 TENNIS FOOTBALL GYM SPINNING CIRCUIT TRAINING

STEP HIIT STEP AEROBICS STRENGTH & CONDITIONING RUNNING & JOGGERS HOSPITALITY

INTRODUCTION & TOUR PAR-Q INDUCTION PROGRAMME COACHING PERSONAL TRAINING

INDUCTION DATE: / / TIME: :

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 : _____

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

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

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

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

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

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

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

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

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

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

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: / /