

# Application for Fitness Suite Membership

I hereby agree to apply for membership of Northfield Sportsdrome Fitness Suite (The Club). I agree that if my application is passed for membership I will be subject to the terms and conditions of membership. I agree to pay to Northfield Sportsdrome the membership fees stated below.

I confirm that the information provided is correct and that should our circumstances change which render the information incorrect then I shall notify the club immediately in writing.

## Personal Details

TITLE	MR / MRS / MS / MISS / DR	SURNAME	FORENAME
ADDRESS:			
POSTCODE:			
TELEPHONE		DATE OF BIRTH	
MOBILE		OCCUPATION	
EMERGENCY		E-MAIL	

## How have you heard about the Sportsdrome and Fitness Suite? (Please Tick)

PAPER AD  WALK IN  DIRECT MAIL  RADIO  REFERRAL

RECOMMENDATION  OTHER

## Membership Category (Please tick membership category)

	Monthly DD Payment	Monthly Desk Payment	Annual Payment
PEAK FITNESS	£19.75 <input type="checkbox"/>	£21.75 <input type="checkbox"/>	£217.50 <input type="checkbox"/>
JOINT PEAK FITNESS	£33.50 <input type="checkbox"/>	£37.50 <input type="checkbox"/>	£375.00 <input type="checkbox"/>
OFF PEAK FITNESS	£11.50 <input type="checkbox"/>	£12.00 <input type="checkbox"/>	£132.00 <input type="checkbox"/>
OFF PEAK + WEEKENDER	£16.25 <input type="checkbox"/>	£18.75 <input type="checkbox"/>	£187.50 <input type="checkbox"/>
WEEKENDER FITNESS	£9.25 <input type="checkbox"/>	£9.75 <input type="checkbox"/>	£107.25 <input type="checkbox"/>
STUDENT FITNESS	£17.00 <input type="checkbox"/>	£18.75 <input type="checkbox"/>	£187.50 <input type="checkbox"/>
PEAK FITNESS VISIT	£6.50 <input type="checkbox"/>		
OFF PEAK FITNESS VISIT	£4.50 <input type="checkbox"/>		
WEEKENDER FITNESS VISIT	£4.50 <input type="checkbox"/>		

Please refer to centre information leaflet or membership handbook for access times regarding membership categories.

## Applicable to all members

FITNESS INDUCTION £7.75 per person

WELLNESS KEY (Refundable) £12.50 per person

Please note that refunds will only be issued when you return your Wellness Key to the centre and that your refund will be refunded in the same format as when you initially joined.

## Method of Payment

(Official Use Only)

DEBIT CARD  CHEQUE

CREDIT CARD  CASH

DIRECT DEBIT

AMOUNT PAID / DATE

MEMBERSHIP START DATE

MEMBERSHIP EXPIRY DATE

MEMBERSHIP NUMBER

Notes

**PLEASE COMPLETE THE REQUESTED INFORMATION OVERLEAF THEN SIGN AND DATE**

# Health Questionnaire

Before using any of the equipment available within the Fitness Centre all members must complete this initial stage of an induction process. It is in your interests to declare previous medical information concerning yourself and complete the induction process before embarking upon an exercise routine.

## Medical Contact Details (please print)

Doctors Name

Address

Contact Number

Have you experienced with any of the following – Allergies? Asthma? Back Complaint? Bladder Complaint? Bone / Joint Problems? Chest Complaint? Diabetes? Dizziness? Epilepsy? Fainting? Heart Complaint? Hernia? High / Low Blood Pressure? Kidney / Stomach Ulcers? Varicose Veins? Other Problems?

Please Give Details:

Have you recently seen a doctor?

**Yes**

**No**

Date Visited:

Are you taking any form of medication?

**Yes**

**No**

Details:

Have you ever used a fitness room before?

Yes, Still Training

Yes, Stopped Training

No

Which areas would you like to improve upon?

Weight Control

Cardio

Flexibility

Strength

Toning

Height / Weight

Feet / Inch

Stone

Cms

Kgs

## Getting You Going

Your next step to using the Fitness Suite is to book a fitness induction via the reception desk. Your fitness induction is part of our service plan to ensure that you will get the most out of your membership.

**At this point you will be assigned your own personal fitness trainer who shall, during the course of your first month's membership, demonstrate the safe use of equipment, provide a fitness review and design a specific fitness programme based on your requirements to achieve your goals.**

In the event that medical clearance is required before following a fitness programme you must obtain written consent from your physician. Information provided shall be treated in the strictest of confidence.

Thank you for completing this form. Your details will be treated in the strictest confidence and held in accordance with the Data Protection Act 1998.

## Sign and Date Here

I declare that being over the age of 16 years I have read and understood the terms and conditions of membership and agree to those conditions.

Member's Signature:

Date:

On Behalf of Northfield Sportsdrome:

Date: