

FITNESS MEMBERSHIP APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. PLEASE NOTE THAT IF THE APPLICATION IS FOR A FUTURE FITNESS MEMBERSHIP, THE FORM MUST BE SIGNED BY A PARENT OR GUARDIAN.

PERSONAL INFORMATION

TITLE:	MR/MRS/MISS/MS/REV/DR	FORENAME:		SURNAME:	
ADDRESS:				POSTCODE:	
D.O.B:		EMAIL:			
MOBILE:		HOME PHONE:		EMERGENCY:	

HEALTH QUESTIONNAIRE

HAS THE APPLICANT SUFFERED WITH OR HAVE IN THE PAST SUFFERED WITH ANY OF THE FOLLOWING: ALLERGIES/ASTHMA/BACK PROBLEMS/BLADDER ISSUES/BONE OR JOINT PROBLEMS/CHEST PROBLEMS/DIABETES/DIZZINESS/EPILEPSY/FAINTING/HEART CONDITION/HERNIA/HIGH OR LOW BLOOD PRESSURE/KIDNEY PROBLEMS/STOMACH PROBLEMS/VARICOSE VEINS/**ANY OTHER RELEVANT ISSUES?**

PLEASE GIVE DETAILS:

IS THE APPLICANT CURRENTLY TAKING ANY MEDICATION? YES / NO

IF YES PLEASE GIVE DETAILS:

GP ADDRESS:		
CONTACT NUMBER:		GP NAME:

MEMBERSHIP INFORMATION

PLEASE INDICATE YOUR CHOSEN MEMBERSHIP	MONTHLY DESK PAYMENT	MONTHLY DIRECT DEBIT	ANNUAL PAYMENT	PAY PER VISIT
PEAK FITNESS	£21.75	£19.75	£217.50	
JOINT PEAK FITNESS ¹	£37.50	£33.50	£375.00	
OFF PEAK FITNESS	£12.00	£11.50	£132.00	
OFF PEAK + WEEKEND	£18.75	£16.25	£187.50	
WEEKEND FITNESS	£9.75	£9.25	£107.25	
STUDENT FITNESS	£18.75	£17.00	£187.50	
CASUAL MEMBER (ADULT) ²				£4.50 / £6.50 <input type="checkbox"/>
GP REFERRAL ³				£2.20 <input type="checkbox"/>
FUTURE FITNESS	£9.00 <input type="checkbox"/>	£9.00 <input type="checkbox"/>		£1.80 <input type="checkbox"/>

¹Joint Peak Fitness Prices refer to 2 members - each additional members add £15.75 onto the desk payment price or 13.75 to the direct debit price.

²Adult casual rates: £6.50 if visiting at a peak time or £4.50 if visiting at an off peak time/a weekend.

³GP Referral membership is only available to people referred by their GP through the NHS Active Health Program.

⁴Wellness Keys must be purchased and used by all Future Fitness members, however it is an optional extra for all other membership types.

⁵All members must have an induction and the price is applicable to all adult and student memberships. Inductions for Future Fitness members are free of charge.

WELLNESS KEY ⁴	£12.50 <input type="checkbox"/>
FITNESS INDUCTION ⁵	£7.75 <input type="checkbox"/>

I CONFIRM THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM CAN BE COLLECTED AND STORED BY NORTHFIELD SPORTSDROME AND UNDERSTAND THAT IT WILL BE KEPT IN THE STRICTEST CONFIDENCE AND IN COMPLIANCE WITH THE GENERAL DATA PROTECTION REGULATION AND THE DATA PROTECTION ACT 1998.

APPLICANT SIGNATURE (OR GUARDIAN IF APPLICANT IS UNDER 16) _____ DATE _____
 IF YOU ARE SIGNING ON BEHALF OF THE APPLICANT PLEASE INDICATE YOUR RELATIONSHIP TO THEM: _____
 SPORTSDROME REPRESENTATIVE SIGNATURE _____ DATE _____

FITNESS INDUCTION (APPLICANT TO COMPLETE AFTER THEY HAVE HAD THEIR GYM INDUCTION)

HAS THE APPLICANT EVER USED A FITNESS ROOM BEFORE? **YES, STILL TRAINING** / **YES, STOPPED TRAINING** / **NO**

WHICH AREAS DOES THE APPLICANT AIM TO IMPROVE ON? **WEIGHT** / **STRENGTH** / **STONE** / **TONE** / **STAMINA** / **FLEXIBILITY**

WHAT IS THE APPLICANT'S HEIGHT & WEIGHT? FEET/INCH STONE / CM KG

TREADMILL

APPROACH & DISMOUNT	<input type="checkbox"/>
EMERGENCY BUTTON	<input type="checkbox"/>
SAFETY CORD	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>
HEART RATE SENSORS	<input type="checkbox"/>

UPRIGHT & RECLINE CYCLES

APPROACH & DISMOUNT	<input type="checkbox"/>
PEDAL STRAPS	<input type="checkbox"/>
SEATING POSITION	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>
HEART RATE SENSORS	<input type="checkbox"/>

RESISTANCE MACHINES

SEATING ADJUSTMENTS	<input type="checkbox"/>
WEIGHT ADJUSTMENTS	<input type="checkbox"/>
WEIGHT SELECTION	<input type="checkbox"/>
RANGE OF MOTION	<input type="checkbox"/>
SPEED OF EXERCISE	<input type="checkbox"/>
HAND & FEET POSITION	<input type="checkbox"/>
BACK & NECK POSITION	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>

UPPER BODY ERGO

APPROACH & DISMOUNT	<input type="checkbox"/>
HAND & FEET POSITION	<input type="checkbox"/>
SEATING POSITION	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>

CROSS TRAINER

APPROACH & DISMOUNT	<input type="checkbox"/>
HAND & FEET POSITION	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>
HEART RATE SENSORS	<input type="checkbox"/>

STEPPER

APPROACH & DISMOUNT	<input type="checkbox"/>
HAND & FEET POSITION	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>
HEART RATE SENSORS	<input type="checkbox"/>

ROWER

APPROACH & DISMOUNT	<input type="checkbox"/>
FOOT STRAPS	<input type="checkbox"/>
SEATING POSITION	<input type="checkbox"/>
CONTROL OF EQUIPMENT	<input type="checkbox"/>

PLEASE TICK THE BOXES TO INDICATE THAT YOU HAVE BEEN SHOWN THIS ASPECT OF EACH PIECE OF EQUIPMENT AND ARE SATISFIED WITH THE EXPLANATION YOU RECEIVED. THEN SIGN AND DATE IN THE SPACE PROVIDED.

I (PRINT FULL NAME) _____ CONFIRM I HAVE TAKEN PART IN THE SPORTSDROME FITNESS SUITE INDUCTION PROCESS AND HAVE HAD THE ABOVE SAFETY ASPECTS EXPLAINED TO ME.

SIGNED (MEMBER) _____ DATE _____

SIGNED (TRAINER) _____ DATE _____

OFFICIAL USE

MEMBERSHIP NUMBER:

MEMBERSHIP START DATE:

PAID FOR:

ADDITIONAL NOTES: