



Induction:	£
Mem. Fee:	£
Pro Rata:	£
Total	£



**STAFF NOTE: Please attach Payment receipt**

## SOUTHWATER LEISURE CENTRE MEMBERSHIP APPLICATION FORM

**Please Complete All Sections in BLOCK CAPITALS**

**Please note that ALL sections in red MUST be completed before an application can be processed.**

<b>Title:</b>	<i>Mr/Mrs/Miss/Ms (Please delete as appropriate)</i>		
<b>Surname:</b>			
<b>Forenames:</b>			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Tel No (H)</b>		<b>Mobile No:</b>	
<b>Tel No (W)</b>		<b>Date of Birth</b>	
<b>Email Address:</b>			

FAMILY	Link to family member's REF NO: <input style="width: 30px;" type="text"/>	Membership No	POQ Y/N
<b>Adult 1</b>	Name:		
<b>Child 1</b>			
<b>Child 2</b>			
<b>Child 3</b>			
<b>Child 4</b>			

**CORPORATE Details**

<b>Company Name:</b>		<b>Membership No:</b>
<b>Address:</b>		
<b>Post Code:</b>		
<b>Letter of confirmation</b>	If yes date sent ____/____/____	Y/N



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Emergency Contact .....Tel Number .....

Relationship: (Spouse/Partner/Friend/Family member/other)

Please tick box if **NO** Emergency Contact available

Doctors Name .....Telephone Number .....

Practice Address .....

Please tick box if **NOT** currently Registered with a Doctor

Have you been advised by a medical practitioner to join a gym? Yes/No

Are you in good medical health? Yes/No

Please state any Medical Conditions or Illnesses .....

.....  
(please state 'N/K' if none known)

Are you registered disabled? Yes/ NO

## 2. Membership Type Required

ADULT	Pay As You Go	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>				
JUNIOR	Pay As You Go	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>				
SENIOR CITIZENS	Pay As You Go	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>				
STUDENT	Pay as You Go	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>				
CONCESSIONS	Pay As You Go	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>				
PACKAGE	COUPLE	<input type="checkbox"/>	FAMILY 1	<input type="checkbox"/>	FAMILY 2	<input type="checkbox"/>	CORPORATE	<input type="checkbox"/>

### Direct Debit :

**If a member wishes to cancel their Direct Debit membership, a form must be completed and returned to the Leisure Centre. Members are also advised that they should cancel the Direct Debit instruction at their Bank.**



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**3. Payment**

Visa /Delta Etc.  Cheque  Cash  DD\*

**\*Please see your Terms and Conditions**

I confirm that I have read and agree to the terms and conditions appended to this document. I have received a copy.

Customer Signature ..... Date .....

PLEASE PRINT NAME .....

*-If application is by a Junior (under 16)*

(Parent/Guardian) Signature ..... Date .....  
(Please delete as appropriate)

Please print name .....

Please state where you heard about us .....

Please tick here if you **do not** wish your data to be passed on to other organisations.

Staff Signature ..... Date .....

**MEMBERSHIP NUMBER:**

**4. Office Use Only**

DIRECT DEBIT FORM COMPLETE

DATE MEMBERSHIP CARD ISSUED  by

DATE APPLICATION ENTERED ON COMPUTER  by

DATE PROCESSED APPLICATION SENT TO HQ  by

PHOTOCOPY TAKEN FOR SLC FILE

SHOW AROUND TAKEN BY..... (STAFF NAME)

**Physical Activity Readiness Questionnaire**



Southwater Leisure Centre is operated by Southwater Parish Council

Before taking part in any exercise programme in Southwater Leisure Centre we ask you to complete this short questionnaire. The purpose of the questionnaire is to find if you are able to safely start exercising. All information will be treated as confidential and stored in a secure system.

**Please circle the appropriate answer**

- (1) Has your doctor ever said that you have a heart condition or any other medical condition and that you should only do physical activity recommended by a doctor? Yes/No
- (2) Do you ever feel pain in your chest whilst doing physical activity? Yes/No
- (3) Have you ever had chest pain when you were NOT doing physical activity? Yes/No
- (4) Have you ever suffered from high blood pressure? Yes/No
- (5) Have you ever felt faint or had dizzy spells? Yes/No
- (6) Do you have any injuries or joint problems that could be made worst by exercise? Yes/ No
- (7) Are you currently taking any medication that the instructor should be aware of? Yes /No  
(If YES please state .....)
- (8) Are you pregnant or have you had a baby in the last 6 months? Yes/No
- (9) Are there any other reasons why you should not participate in physical activity ? Yes/No
- (10) Have you ever been declined membership of any Gym facility.? Yes/No

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS:

Talk to your instructor as you may be advised to see your doctor before starting any exercise programme.

**PLEASE NOTE:**

If at any time your health changes or the answers to the above change to yes, please inform your instructor or member of staff. Remember to rest if you are suffering from any illness even a cold before continuing any exercise.

I HAVE READ, UNDERSTOOD AND COMPLETED THE QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE.

Signature..... Date .....

PLEASE PRINT NAME .....

Parent/Guardian Signature.....  
(if under 16)

For Gym Professional Notes:

Gym Professional Signature ..... Date.....

I agree that I have been fully shown how to safely use:

Cardio equipment	<input type="checkbox"/>
Weights equipment	<input type="checkbox"/>

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



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