



Kirby's Health & Fitness Membership Application Form

Applicant's details (please complete **all** sections and print your details clearly)

Name

Gender Male Female Date of birth

Tel No. Home Mobile

Emergency Contact Name Tel. No

Email

Home Address

Postcode

Your personal details will be held in accordance with the principals of the Data Protection Act 1998. We will retain your details for the length of your membership and up 2 years after that.

Where did you hear about us?

Leaflet through door _____

Existing member (please specify) _____

Facebook/ twitter (please specify) _____

Website (please specify where) _____

Advert (please specify where) _____

Please sign this form stating all information above is true and correct.

Your name (print) _____ Date _____

Your name (sign) _____

For Office Use Only

Membership no.	<input type="text"/>	Induction Given	<input type="text"/>
Membership Start	<input type="text"/>	Copy of T & C given	<input type="text"/>
Membership Type	<input type="text"/>	Signature	<input type="text"/>

Physical Activity Readiness Questionnaire

Please read carefully and answer each question by answering YES or NO

Please provide further details if you answer yes

Question	YES/NO	Details
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you experienced any unexplained any unexplained chest pains?		
Do you lose balance due to dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor prescribing you drugs for your blood pressure or heart condition?		
Do you have diabetes, asthma or epilepsy?		
Are you pregnant or have you given birth in the last 3 months?		
Do you have any other reason why you should not do physical activity?		

If you answered yes to any of the above questions, talk to your doctor BEFORE you start becoming more physically active. You may be able to do any activities that you want as long as you start slowly and build up gradually.

Please note: if you answered no to all the above questions and your health changes so that you then answer |YES, please tell your fitness or health professional. Ask whether you should change your physical plan.

Please tick the relevant box:

How would you describe your current level of activity?

Sedentary Fairly Active Active Highly Active

How would you describe your current level of fitness?

Very Unfit Fairly unfit Fit Highly Fit

Have you ever been advised that your cholesterol is high?

Yes No

Do you have a family history of heart disease? (Immediate family member)

Yes No

I have read, understood and completed this questionnaire. Any queries I had were answered to my full satisfaction.

In signing this form I affirm that I have answered the questions accurately. In the event that I have been advised to seek medical clearance prior to undertaking exercise, I agree to contact my doctor and take responsibility for obtaining written permission prior to the commencement of exercise. Should any unusual symptoms occur, I will cease participation and inform my doctor of those symptoms, I also understand that I must notify yourselves of any changes in my health.

Your Name (Print) _____

Date _____

Your Name (Sign) _____

Terms and Conditions

Please read this document and sign to agree with the terms and conditions.

1. **Gym Inductions**

- All members must complete a PARQ form and receive a full induction to access Kirby's Health & Fitness

2. Your membership will commence on the date we receive your joining fee and 1st month's fees.

- £10 joining fee and 1st month membership fees must be paid before any training can commence.

3. You will not under any circumstance abuse the facility, staff or equipment at Kirby's Health & Fitness and you will pay for any damage to our property.

4. When a member brings a guest into the gym, the member will be fully liable and responsible for the actions and behaviour of that guest.

5. We do not provide credit. Therefore anything bought i.e drinks/shakes/clothing must be paid for on ordering

6. In the event of an emergency, we will contact the emergency services and your emergency contact provided. It is your responsibility to keep us updated with changes of address and telephone numbers.

7. Kirby's Health and Fitness are unable to accept liability for physical injury, damage or loss of property.

8. **Membership fees-** (monthly customers only)

- Are due one month from your start date

- Must be paid by standing order

- Any late payments will incur a £10 late payment & admin fee

- Any late payments that have not been brought up to date within 1 week of the due date, your membership will cease and you will not be able to attend the gym.

- If you then wish to re-join outstanding membership and late payment fees must be brought up to date and you will have to pay your £10 joining fee and one month up front again.

9. You are unable to transfer your membership to any other person.

10. **Termination by us -**

- Kirby's Health & Fitness reserve the right to remove anyone from the gym should their behaviour be deemed inappropriate or disruptive in any way. Refunds will NOT be given.

- Missed or late payments will result in termination of membership and fees collected with legal pursuits.

11. **Termination by you –**

- You may terminate your membership on one months' notice at any time. If you terminate your membership and wish to re-join you will have to pay £10 joining fee again.

- Please provide notice that you have terminated membership or late fees may be incurred.

12. **Data Protection –**

We take the privacy of our members seriously. If you have any questions about how we use your personal information, please do not hesitate to contact us.

By signing this document you are agreeing to all the above Terms and Conditions

Your name (print) _____

Date _____

Your name (sign) _____