

# Gym Membership Application Form



# Merchant Taylors' School

Ambition | Character | Excellence

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email (BLOCK CAPS)</b>	
<b>Membership Type</b>	<b>1 Month Membership £20.00</b> <input type="checkbox"/>
	<b>6 Month Membership £110.00</b> <input type="checkbox"/>
	<b>12 Month Membership £220.00</b> <input type="checkbox"/>
<b>Have you been a member before?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>GDPR</b>	<i>We need your consent to store and process your information. The way in which we store and use your information is referred to in the Merchant Taylors' Schools Privacy Notice which can be found on the Merchant Taylors' Schools website.</i>
<b>Marketing</b>	<i>We would like to send you information via email about your membership and other activities available in the Ian Robinson Sports Centre and at Merchant Taylors' Do we have your consent to do this: <b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/></i>
<b>Signature</b>	
<b>Date</b>	

[www.merchanttaylors.com](http://www.merchanttaylors.com)

Tel: (0151) 949 9355

[IRSC@merchanttaylors.com](mailto:IRSC@merchanttaylors.com)

For full T&C's of membership please see a member of staff.



**Office Use Only**

Membership Number: \_\_\_\_\_

Client payment made information uploaded on EZ: Y/N

H&S Induction Email : Y/N

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

## PAR-Q Health Commitment Statement

Your Full Name	
Emergency Contact Name	
Emergency Contact Telephone Number	

**PAR Q**

1. Has your doctor ever said you have heart trouble? If yes, please state: \_\_\_\_\_
  2. Do you frequently have pains in your heart and chest? If yes, please state: \_\_\_\_\_
  3. Do you often feel faint or have spells of severe dizziness? If yes, please state: \_\_\_\_\_
  4. Has a doctor ever said your blood pressure was too high? If yes, please state: \_\_\_\_\_
  5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? If yes, please state: \_\_\_\_\_
  6. Is there a good physical reason, why you should not follow an activity program even if you wanted to? If yes, please state: \_\_\_\_\_  
\_\_\_\_\_
  7. Are you or have you been pregnant in the last 6 months? \_\_\_\_\_
  8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? If yes, please state: \_\_\_\_\_
  9. Are you currently taking any medications? If yes, please specify: \_\_\_\_\_
  10. Do you currently have a disability or a communicable disease? \_\_\_\_\_
  12. Do you have any other pre-existing conditions we should know about? \_\_\_\_\_
- 
11. If you have answered yes in relation to any of the questions above, has a doctor or healthcare provider given you permission to partake in physical activity?  
\_\_\_\_\_

- I. If you have answered yes and it is later found to be untrue, we shall not accept any responsibility for any health implications caused by you undertaking physical activity
- II. If you have answered no, consent to use our facilities will be withdrawn.

### Health Commitment Statement

Your health is your responsibility. Members of staff at the Ian Robinson Sports Centre are committed to providing the best experience to all of its members. With this in mind we have carefully considered what we can expect from each other.

**Our Commitment to You...**

- We allow each member to make his/her own decisions about any exercise carried out, but respectfully request that each member does not exercise beyond their own abilities.
- We will take steps to ensure that equipment and facilities are in a safe and clean condition for use.
- When taking into consideration disabilities which put members at a disadvantage in terms of access to equipment, we will make any necessary adjustment and all possible effort to meet the needs of the user.

**Your Commitment to Us...**

- You should not exercise beyond your own abilities, predominantly due to an increased risk of injury. Also, if you are aware of any medical condition(s) which may affect you exercising, please seek medical advice before starting an exercise programme or induction.
- Be mindful of rules and instructions, and also warning notices posted in the fitness suite. Exercise carries its own risks. With this in mind please do not carry out any exercise which you have been advised is not suitable for you
- Please let a member of staff know immediately if you feel ill while using the facilities. A member of staff with first aid training will be at hand.
- For your own benefit and health and safety you shall respond accordingly to all instructions given by member of staff.
- If you have a disability, please follow instruction to allow you to exercise safely.

**Declaration**

- I wish to partake in physical activity within the Peter Little Fitness Suite having been shown/advised correctly how to, I am confident in using each area safely without causing unnecessary risk to myself or other facility users.
- I am aware that the present statement is for guidance only and is not a legally binding agreement between both parties.
- I am aware that the present statement does not create any obligation which either party must meet.
- I agree to abide by Peter Little Fitness Suite Membership Terms and Conditions (available upon request).

Signature	
Date	