



MARJON SPORT & HEALTH
MEMBERSHIP FORM



PERSONAL DETAILS

SURNAME	FIRST NAME
DATE OF BIRTH	TITLE
STREET ADDRESS	
TOWN	POSTCODE
PREFERRED CONTACT TELEPHONE NUMBER	
EMAIL ADDRESS	
CAR REGISTRATION NUMBER	Parking is not available to Marjon Student/Staff Members
NEXT OF KIN/EMERGENCY CONTACT NAME	
NEXT OF KIN/ EMERGENCY ADDRESS & TEL	
MARJON STUDENTS ONLY - STUDENT NUMBER	
MARJON STAFF ONLY - DEPT AND EXTENSION	

TYPE OF MEMBERSHIP

Monthly Direct Debit _____

Annual Membership _____

Short Term/Casual _____

Other _____

Members of Marjon Sport & Health are bound by our terms and conditions, a copy of which is available on request. By signing below either for myself or as a consenting parent/guardian of a child under 16 years of age I understand I am agreeing to these terms and conditions as well as the points highlighted below.

In the event of taking out a direct debit membership I understand one full calendar months notice in writing is required to cancel my membership

I agree that 6 hours notice is required when cancelling any activity/exercise class or the full charge remains

I understand that when making an upfront purchase for block bookings or memberships for a set period of time (ie 6 weeks, 1 year, swimming lessons etc) that once purchased, the activity/membership is non-refundable

All aspects of sport have an element of risk and I understand the nature of the activity and accept the risks involved and I confirm I have answered the health questions honestly and that I need to inform the centre of any changes

The personal data provided in your membership application will only be held for the purpose of your Marjon Sport and health centre membership, payments and activities, unless otherwise indicated. The data will be retained only for as long as is permitted by UK legislation and then destroyed. By completing a membership application to Marjon Sport and Health, you are agreeing that you are happy to share your personal data to be used in this process. Should you not wish to receive any mailing or offers from us please advise reception.

Signed

Date

MEMBERSHIP NUMBER	payment taken by Date Notes	entered on system by Date Notes	verified by Date Notes
-------------------	-----------------------------------	---------------------------------------	------------------------------



**MARJON SPORT & HEALTH
HEALTH SCREENING QUESTIONNAIRE**



Have you ever had an injury, illness or back condition that may be aggravated by exercise?	NO <input type="radio"/>	YES <input type="radio"/>
Have you ever had a heart condition, high blood pressure, rheumatic fever, stroke, high cholesterol, heart palpitations or murmurs?	NO <input type="radio"/>	YES <input type="radio"/>
Have you ever had arthritis, diabetes, epilepsy, hernia, dizziness, gout, circulation problems?	NO <input type="radio"/>	YES <input type="radio"/>
Do you have bone, joint or muscle problems that may be aggravated by exercise?	NO <input type="radio"/>	YES <input type="radio"/>
Do you experience chest pains during physical activity?	NO <input type="radio"/>	YES <input type="radio"/>
Have you recently experienced chest pain when not being physically active?	NO <input type="radio"/>	YES <input type="radio"/>
Have you recently been hospitalised or had surgery?	NO <input type="radio"/>	YES <input type="radio"/>
Are you now, or have you recently been pregnant?	NO <input type="radio"/>	YES <input type="radio"/>
Are you taking any prescribed medication?	NO <input type="radio"/>	YES <input type="radio"/>
Have you ever been cautioned by a health professional about physical activities?	NO <input type="radio"/>	YES <input type="radio"/>
Do you know of any other reason why you should not partake in physical activity?	NO <input type="radio"/>	YES <input type="radio"/>
If you have answered YES to any of the above questions are you aware of your own limitations	NO <input type="radio"/>	YES <input type="radio"/>

If you have answered **Yes** to any of the above questions **or have any other illness, injury or condition** please give details below

All new members are advised to attend a gym induction which will show you how to use facility and equipment. However, should you feel you do not need this service please complete the gym induction waiver below.

I understand that exercise can be physically demanding and if performed incorrectly can cause serious harm. I have opted not to attend a gym induction and there assume all liability for any possible injury caused by the exercises I perform.
I acknowledge that I am physically fit and free from any illness or injury that may be aggravated by exercise. I am aware that if in the future I decide that I do need to be instructed in the use of any of the machines/equipment that I should seek advice from a team member.

Signed _____ Date _____

If all answers are no and induction waiver signed enter health questionnaire and fitness induction approved onto Gladstone, no further action required	If any yes answers is a induction required YES / NO Signed _____ Date _____	1) induction appointment date/time if required	3)induction notes/seen by/ signed/date	4)Induction result (only put on system when approved APPROVED REFERALL REQUIRED	5) in case of a referral, seen by/signed/date APPROVED
--	---	--	--	---	--