



Whitchurch Leisure Centre **Fitness Suite Membership** **Application Pack**

Payment options:

Annual fee of £200 payable by cash or cheque (Please make cheques payable to Sir John Talbot's School) or

Monthly Direct Debit of £20 (£15 per month for students in full time education, evidence of which will need to be supplied).

Membership benefits:

Low monthly membership fee of £20 (payable by direct debit only)

Annual membership savings available

No fixed contracts – pay monthly.

No cancellation fees – cancel at any time.

No joining fee.

Fitness Suite Opening Times:

Monday to Friday	5.00pm – 9.30pm
Saturday	9.00am – 12.00noon
Sunday	9.00am – 12.00noon



Whitchurch Leisure Centre

Membership Application for the Fitness Suite

Personal Details

Full Name: **Date of Birth:**

Address:

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Post Code: **Telephone No:**

Email:

General Data Protection Regulations (GDPR)

We take your privacy very seriously and will only contact you with information concerning the Leisure Centre with your express permission. To receive information concerning offers and advice of opening and closing times, please tick the box. You can request us to stop at any time and we will remove your e-mail address from our marketing data base. All personal information provided will be treated in the strictest confidence and no information will be shared with third parties without your express permission.

Disability: Yes / No (please delete as appropriate)

If Yes, please indicate:

Next of Kin / Emergency Contact Details

Full Name:

Telephone:

Membership History

Are you an existing / previous member? Yes / No (please delete as appropriate)

Have you previously received an induction to this fitness suite? Yes / No (please delete as appropriate).

(I understand that my membership and use of the Fitness Suite is entirely at my own risk and that I should consult my doctor, if I am suffering from any condition that might make physical exercise injurious to my health).



Whitchurch Leisure Centre The Physical Activity Readiness Questionnaire (PAR-Q)

Personal Details

Full Name: Date of Birth:

Disability: Yes / No (please delete as appropriate)

If Yes, please indicate:

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Medical Details (please tick Yes or No as appropriate):

Question	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in the chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of 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 currently prescribing drugs for blood pressure or heart conditions?		
Do you have blackouts, epilepsy, or diabetes?		
Do you know of any other reason you should not do physical activity?		

If you have answered YES to any of the above questions, please:

- Talk to your doctor BEFORE you start physical activity. You may be able to do any activity that you wish, provided that you start slowly and build up gradually. Alternatively, you may need to restrict your activities to those which are safe for you to do. Please discuss this with your doctor and follow their advice.

If you have answered NO to any of the questions, please:

- Start becoming more physically active, begin slowly and build up gradually. This is the safest and easiest way to go.
- If your health changes after completion of this questionnaire, which would then mean that you would answer YES to any of the above questions, please cease physical activity and seek your doctor's advice.