

# Microgym Wivenhoe

## Gym Membership - Application Form

- Please complete all sections, including your method of payment and the direct debit mandate, (if applicable). It is important that the medical questionnaire is completed and signed as well as the terms and conditions of the contract.
- The minimum age for members is 16

### IMPORTANT - DATA PROTECTION NOTICE

**Microgym Wivenhoe** collects and processes information about gym members. The Data Protection Act 1998 requires **Microgym Wivenhoe** to obtain your agreement before this can be done. In signing this form you are giving consent for your personal and sensitive information to be processed under the rules and safeguards laid down by the 1998 Act.

**Microgym** Wivenhoe has procedures in place to ensure that all information held about you will be dealt with confidentially, held securely and only processed in accordance the Act. **Microgym Wivenhoe** may wish to contact you for marketing purposes.

If you do not wish to be contacted in this way, please tick this box ☐

Thank you for taking time to complete your application carefully and we look forward to welcoming you to the gym.

Personal details	
Surname:	<input type="text"/>
First name:	<input type="text"/>
Date of birth:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Home number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email:	<input type="text"/>
Do you declare a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:	<input type="text"/>
	<input type="text"/>
Emergency contact details	
Contact name:	<input type="text"/>
Home number:	<input type="text"/>
Relationship:	<input type="text"/>
Mobile number:	<input type="text"/>
OFFICE USE ONLY	
Induction date:	<input type="text"/>
Membership type:	<input type="text"/>
Membership Number:	<input type="text"/>
Payment type:	<input type="text"/>
Staff name:	<input type="text"/>
Staff signature:	<input type="text"/>

**Membership type:** Monthly membership

**Rate:** £40.00 per calendar month payable in advance.

**Membership entitlements:** Membership entitles each member to use of the gym and its equipment for up to **one hour per day** at any time between 7.00 a.m. to 8.00 p.m. Monday to Saturday (the gym is closed on Sundays other than by special arrangement). All sessions must be pre-booked. A qualified trainer will be present at every session to give any advice required/answer questions/ensure health and safety. Personal training sessions are available to members but at additional cost.

### Consent to exercise

- Exercising is an essential part of maintaining a healthy lifestyle. Some people however are unable to participate fully due to illness or other medically restrictive reasons. It is therefore important that the following questions are answered fully and honestly to enable us to ensure that our members can exercise safely.
- Please ensure that you sign the declaration below.
- If you are under 18 a parent or guardian must also sign.
- If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf

Physical Activity Readiness Questionnaire (PARQ)	Yes	No
Have you, for any reason, been unable to exercise in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever advised you against exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any cardiac (heart) related illness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from respiratory difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fainting, migraines or loss of balance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any bone, joint or muscle related disease?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced chest pain whilst exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have elevated cholesterol levels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to any of the above, please give details below. All information is held in strictest confidence and accessible only by the gym manager and relevant staff.

### Declaration of consent to exercise

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at

**Microgym Wivenhoe**

Signature:  Date:  /  /

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name:  Relationship:

Signature:  Date:  /  /

## Terms and conditions

Please read the following carefully and sign the declaration below. If you are under 18 a parent or guardian must also sign. If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf.

- All new members will be required to undertake an induction
- The gym is for the use of members only, therefore guests are not allowed
- Please be punctual. Members may arrive up to 10 minutes before their scheduled time in order to prepare for the session
- The gym operates a **Covid Secure policy**. The gym can only be used by one member at a time or together with one other person from their household. Please do not enter the gym if you have any symptoms or feel unwell. Your temperature may be taken as you enter the gym. Please make frequent use of the hand sanitiser provided. The gym will be cleaned and ventilated between each client session.
- For reasons of health and safety, members must adhere strictly to the following:
- All free weights are to be returned to their racks after use
- Members should sanitise each piece equipment after use using only the sanitiser and wipes provided by the gym
- Tracksuits or shorts and t-shirts must be worn at all times
- Suitable footwear should be worn at all times
- Offensive and aggressive (including racist, homo/transphobic or sexist) language or behaviour will not be tolerated
- Clashing weights, excessive noises and mistreatment of equipment will not be tolerated
- MicroGym retains the right to refuse entry to anyone suspected to be suffering Covid symptoms, or under the influence of alcohol or drugs
- If, for any reason, a direct debit payment fails to credit our account, membership will be suspended until payment resumes or another payment method is used
- Microgym reserves the right to exclude any member they deem not to be adhering to any of the above or who by their actions poses a health and safety risk to others

### Declaration

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at **Microgym Wivenhoe**.

Signature:  Date:  /  /

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name:  Relationship:

Signature:   Date:  /  /

### How did you hear about us?

Friend / family	<input type="checkbox"/>	Website / online search engine	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>	Driving / walking past	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="text"/>	