

£14 one day gym membership application form

www.hamptonpool.co.uk

High Street, Hampton, TW12 2ST ① 020 8255 1116 email: info@hamptonpool.co.uk

The poolside gym and fitness studio have stunning views of the tropical blue waters of the pool and the light and airy environment provides the perfect space for your workout or fitness class. **The one day gym membership costs £14.**

- Please complete your details below and overleaf ensuring that the medical questionnaire is fully completed and that the disclaimer
 and terms and conditions are signed and dated.
- The minimum age for members is 16 unless approved by the gym manager. If you are under 18, a parent or guardian must also sign.
- Only one application form is required which is valid for one year.

Thank you for taking time to con	nplete your application carefully and we look f	forward to welcoming	g you to our gym and s	tudio.		
Personal details						
Family name						
First name		Date of birth				
email						
Main telephone		other telephone				
		other telephone				
email						
Emergency conta	act details					
Contact name		Main telephone				
relationship		other telephone				
Physical Activity Readiness	s Questionnaire (PARQ) Please tick as app	propriate	Yes	No		
	n unable to exercise in the past?					
	Has your physician ever advised you against exercising?					
	iny cardiac (heart) related illness?					
Have you ever suffered from re	<u> </u>					
	ainting, migraines or loss of balance?					
Have you ever suffered from any bone, joint or muscle related disease?						
Is there any history of heart disease in your family?						
Have you experienced chest pain whilst exercising?						
Do you have high blood pressure?						
Do you have elevated cholesterol levels?						
Are you currently taking prescribed medication?						
 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. 						
manager and retevant stan.						
I confirm that I have undergone an inc	duction and that I have sufficient knowledge to under	rtake gym activities uns	supervised, safely and effec	ctively:		
Signature		Date				
Your doctor's det	ails					
Doctor's name	iditis.	Surgery telephone				
		Jurgery telephone		_		
Surgery name						
Surgery address						

	onsent to exercise e are true to the best of my knowledge and I belie	eve I am able to part	icipate in exercise
Signature		Date	
The person making this application for this person's declaration.	is under 18 or unable to sign themselves. Therefo	ore I confirm that I v	vill be taking responsibility
Name		Relationship	
Signature		Date	
Terms and condit	tions		
 If you are unable to sign for any During busy periods please limit For reasons of health and safety All free weights are to be All other equipment is to Cups and mugs are not all Members should bring a selection Tracksuits or shorts and telection Suitable footwear should Members not taking part Offensive language or belection Clashing weights, excessive Chewing gum and mobile Anyone thought to be under the Hampton Pool management retheir actions poses a health and 	mall towel to wipe down machinery after use. shirts must be worn at all times. be worn at all times, unless otherwise informed be in circuits are to leave the gym promptly at the dravior will not be tolerated. We noises and mistreatment of equipment will not phones are not permitted in the gym. The influence of alcohol or drugs will be ejected and serve the right to exclude any member they deen	may do so on your eadmills. the gym and studio. The gym and studio.	r behalf. a etc). c. will be reviewed.
and able to use the gym on a regul these terms and conditions. I have	ms and conditions of Hampton Pool Poolside Fitn ar basis. I understand that my membership can be declared myself medically able to use the gym ar ny rights as a consumer for any accident caused b	e revoked at any tim nd take part in classe	e should I fail to comply with es and understand that I do so at

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?						
Existing pool user	Recommendation	Website				
Posters	Previous visitor	Local radio				
Roadside banner	Telephone directory	Local newspaper				
Leaflet	Driving/walking past	which one?	,			
for office use onl	V					



Payment type



Annual valid until

Membership type