



# MEMBERSHIP APPLICATION FORM

River View Road, Ripon, HG4 1JJ. Tel. 01765 690406

Contact Details		
Title (e.g. Mr/Mrs)	Address :	
First Name		
Surname		
Mobile Phone No.		
Home Phone No.		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Postcode :	
		Vehicle Reg No.
Email Address :		

Emergency Contact Details		
Contact Name		Telephone Number

Membership includes use of the Fitness Studio, Strength Room, Sauna, Jacuzzi, Spin Class and outdoor Tennis.						
Membership Types	FULL MEMBERSHIP		OFF PEAK		OVER 60's	
	Rolling Monthly	Annual Up Front	Rolling Monthly	Annual Up Front	Rolling Monthly	Annual Up Front
Single Membership	<input type="checkbox"/> £35	<input type="checkbox"/> £385	<input type="checkbox"/> £25	<input type="checkbox"/> £275	<input type="checkbox"/> £27	<input type="checkbox"/> £297
Joint Couples ( each )	<input type="checkbox"/> £31	<input type="checkbox"/> £341	<input type="checkbox"/> £23	<input type="checkbox"/> £253	<input type="checkbox"/> £24	<input type="checkbox"/> £264
Pay As You Go (cash only)	<input type="checkbox"/> £39	Pay annually up front and get 12 months for the price of 11.				

Off Peak Membership times - Monday to Friday 11am to 4pm

Over 60's Membership times - No entry after 4pm

Sauna & Jacuzzi opening times - Monday to Friday only (9am to 1pm) and (5pm to 9pm)

Bank Details for your Direct debit									
Account Holders Name									
Account Number	0	0	0	0	0	0	0	0	0
Sort code	0	0	0	0	0	0	0	0	0

Other Details		
Where did you hear about Origin Health Club?		
Are you interested in attending spin class	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be interested in Personal Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Members Acceptance	For Official Use only
Signature :	Membership Number :
Date :	Form Checked by :
By signing I agree to the terms and conditions of membership shown overleaf.	Special Offer <input type="checkbox"/>

# Terms and Conditions of Membership

## Club Rules

1. Members are asked to wipe down equipment after use. Suitable disinfectant spray can be located in each area.
2. For safety, please do not leave weights on the floor, please put the weights back onto the racks.
3. Memberships may be transferred at the discretion of the management.
4. Members and guests are requested to shower BEFORE using the sauna and jacuzzi.
5. Members and guests are requested NOT to wear any form of footwear in the wet area.
6. No food or drink other than purchased at the club can be consumed.
7. No jeans are allowed in the gym or fitness studio.
8. Suitable gym clothing and clean trainers must be worn in the gym or fitness studio at all times.
9. You will be entitled to all the rights and privileges exercisable for the Type of Membership you have chosen.
10. The management have the right to terminate any membership should the management feel the members actions are unacceptable.
11. The management have the right to refuse any person for whatever reason for membership and entry into the club.
12. The management will not be responsible for theft and damage to belongings either inside or outside of the club.
13. The management will not be responsible for accidents inside or outside of the club.
14. The management have the right to change opening and closing times with due notice.
15. The management have the right to change any fees, classes and restructuring of any aspects of the club.

## Cancellations Policy

1. One months notice is required when cancelling your membership.
2. Monthly rolling memberships cannot be cancelled within the first three months of joining.
3. Any outstanding membership fees due when a membership or direct debit is cancelled, must be paid upon the request of the club.
4. A membership fee is not refundable under any circumstances.

## Waiver of Liability

I understand and acknowledge that the training, programmes and events held by the Origin Health Club Ltd may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and the Origin Health Club furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE the Origin Health Club, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the Origin Health Club training, programmes and/or events.

I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

# Physical Activity Readiness Questionnaire ( PAR-Q)

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and not used to being very active, check with your doctor. Common sense is your best guide when answering these questions.

Please read carefully and answer each one honestly.

*Please tick either YES or NO*

1) Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Do you feel pain in your chest when you do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) In the past month, have you had a chest pain when you were not doing physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Do you lose balance because of dizziness or do you ever lose consciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Is your doctor currently prescribing medication for your blood pressure or heart condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7) Do you know of any other reason why you should not do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes to any of the above, please comment:</b>   		

## **Yes to one or more questions:**

you should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

## **No to all questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

**I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.**

Signature :	Print Name :
	Date :

**Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.**

Signature :	Date :
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**Note:** This physical activity clearance becomes invalid if your condition changes so that you would answer YES to any of the above 7 questions.