



hampton pool
POOLSIDE FITNESS

Application Form

www.hamptonpool.co.uk High Street, Hampton, TW12 2ST ☎ 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. The light and airy environment provides the perfect space for your workout or fitness class.

- Please fill out all necessary details 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 unless approved by the gym manager.
- Concession rates apply to NUS card holders between 16-23; those age 66 and over; those who are registered disabled; and BOA passport holders.
- Photo ID and one proof of address is required to complete your registration. *Admissable documents for photo ID include Passport, Drivers Licence with photo, Freedom Pass, Student NUS card, College or University ID, Proof of Age Photo ID or official work place ID. Proof of address can be a Bank statement, Credit Card statement, Utility bill, Phone bill, P45 or P60, Council Tax statement, EU Nat ID card.*
- We will need to take a photo of you at reception to put with your membership details.

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

Personal details

| | | | |
|----------------|--|-----------------|--|
| Family name | | | |
| First name | | Date of birth | |
| Address | | | |
| | | | |
| | | Postcode | |
| Main telephone | | other telephone | |
| email | | | |

Emergency contact details

| | | | |
|--------------|--|-----------------|--|
| Contact name | | Main telephone | |
| relationship | | other telephone | |

for office use only

| | | | |
|------------------|--|----------------------|--|
| Induction date | | Coupled with | |
| Payment type | | Membership type | |
| Card done (y/n) | | Annual valid until | |
| Photo ID | | Joining fee paid (£) | |
| Proof of address | | Account name (dd) | |

Membership information

With our three methods of membership payment – annual, monthly direct debit or pay as you go (PAYG) – we offer a choice that is either most cost effective or more convenient for you. With the exception of PAYG, you can also add classes and swimming to your membership.

- **Gym membership** entitles the member to gym use during public hours.
You are required to undergo an induction before using the gym.
- **Class membership** can be added which entitles the member to aqua aerobics, circuits, and studio classes, but please be aware of the exceptions (which are subject to change) detailed in the Poolside Fitness timetable.
- **Swimming** can also be added to your membership but is not available as 'Swim only'.

Please indicate the type of membership you require by ticking the relevant boxes.

| Annual membership | Gym only | | Gym & Classes | | Gym & Swimming | | Gym, Classes & Swimming | |
|-------------------|----------|--------------------------|---------------|--------------------------|----------------|--------------------------|-------------------------|--------------------------|
| Individual | £396.00 | <input type="checkbox"/> | £527.00 | <input type="checkbox"/> | £685.00 | <input type="checkbox"/> | £885.00 | <input type="checkbox"/> |
| Concession | £330.00 | <input type="checkbox"/> | £418.50 | <input type="checkbox"/> | £530.00 | <input type="checkbox"/> | £710.00 | <input type="checkbox"/> |

- Annual membership is a one off payment valid for one year from the date of your card being issued.

| Monthly Direct Debit membership | Gym only | | Gym & Classes | | Gym & Swimming | | Gym, Classes & Swimming | |
|---------------------------------|----------|--------------------------|---------------|--------------------------|----------------|--------------------------|-------------------------|--------------------------|
| Individual | £33.00 | <input type="checkbox"/> | £52.00 | <input type="checkbox"/> | £61.50 | <input type="checkbox"/> | £78.50 | <input type="checkbox"/> |
| Concession | £27.50 | <input type="checkbox"/> | £41.75 | <input type="checkbox"/> | £48.00 | <input type="checkbox"/> | £61.00 | <input type="checkbox"/> |

- Direct Debit membership is set up through our bank via the Direct Debit mandate attached to this form. Please complete this before your induction and be aware that should you wish to cancel your membership, you must inform your bank and cancel your own Direct Debit. Please notify us when you stop the payments and return your membership card to us as soon as possible.
- Payments are taken on the 1st of each month.
- If joining (i.e. your membership card has been issued) before the 14th of any month, the remainder of that month will be payable in advance. If joining after the 14th then the following month will also have to be paid.

| Pay As You Go (PAYG) membership | | Gym | Classes |
|---------------------------------|--|-------|---------|
| Individual | | £7.75 | £10.65 |
| Concession | | £6.75 | £9.60 |
| Club 1415 | | £4.20 | |

- Club 1415 is for 14 and 15 year olds who can use the gym between 10.30am-5pm on Mon-Fri, 2pm-close at the weekend.
- PAYG is available for gym membership only.
- You can of course attend any of our studio classes or come swimming therefore a PAYG membership is not required.

Joining fee

A joining fee is payable when you submit this completed form.
Fees are £40 per individual and are non refundable.

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) Please tick as appropriate | 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.

Your doctor's details

| | | | |
|-----------------|----------------------|-------------------|----------------------|
| Doctor's name | <input type="text"/> | Surgery telephone | <input type="text"/> |
| Surgery name | <input type="text"/> | | |
| Surgery address | <input type="text"/> | | |

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 Hampton Pool Poolside Fitness.

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

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 | <input type="text"/> | Relationship | <input type="text"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |