



Gym Memberships APPLICATION FORM

In order to assist our staff and for your own safety, please complete the information below

PERSON A	AL D	ETA	ILS	F	OR	N	1EI	ME	BEI	RS	HII	P			
LAST NAME															
FIRST NAME															
DATE OF BIRTH							SID	CAF	RD						
ADDRESS															
MALE FEMALE (please	tick)				N	/IOE	BILE								
EMAIL															
EMERGENCY CONTACT NAME CONTACT TEL NUMBER															
Please tick if you do not wish to receive Sport and Active Anglia information we think may be of interest to you.															
MEDICAL HISTORY															

Do you have a heart condition and/or been recommended for medically supervised activity?	YES/NO
Do you have chest pains brought on by physical activity?	YES/NO
Do you lose your balance because of dizziness or do you ever lose consciousness?	YES/NO
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	YES/NO
Is your doctor currently prescribing drugs for your blood pressure or heart condition?	YES/NO
Do you have Diabetes Mellitus?	YES/NO
Do you have Epilepsy?	YES/NO
Do you have Asthma?	YES/NO
Are you currently pregnant or is there a possibility that you might be?	YES/NO
Have you given birth in the last six months?	YES/NO
Have you undergone any major operations within the last three years?	YES/NO
Do you know of any other reason why you should not do physical activity?	YES/NO

If you answered YES to one or more questions

Talk with your doctor BEFORE you start becoming more physically active. Tell your doctor about the PAR-Q and which questions you answered YES. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. The decision to participate in the induction will be yours but you will need a doctor's note before you can use the fitness room on a regular basis.

DELAY BECOMING MORE ACTIVE

If you are not feeling well because of a temporary illness such as a cold or a fever, wait until you feel better, or if you are or may be pregnant then talk to your doctor before you start becoming more active. Please note if your health changes so that you may answer YES to any of the following please inform a member of the Mildmay Sports Centre team.

PLEASE TURN OVER

General

- Anyone wishing to use the gym MUST complete a gym induction prior to use
- No Under 16's are allowed to use the gym
- All members must have their ID card to access the gym every visit
- Appropriate sports clothing and trainers must be worn in the gym
- During busy periods, cardiovascular machines are subject to a 20 minute time limit
- During peak periods, where 25 people are using the gym, access may be denied if the Gym is deemed too busy by the member of staff on shift
- Appropriate behaviour must be shown by all members when using the gym and its facilities. Any behaviour deemed to be unacceptable will be dealt with in accordance with university polices

Equipment

- Please wipe down all equipment after use
- All equipment must be returned after use
- Occasionally equipment may have to be put out of order if it is deemed unsafe to use
- All members must ensure they use the equipment as instructed during their induction, any regular abuse of the equipment will result instant dismissal

Health and Safety

- Any changes in health should be made known to staff before using the gym
- I understand that if I am in any doubt about the safe use of the gym equipment / exercises I will approach a member of staff prior to use. Any introduction of new equipment into the facility will require a member of staff to demonstrate safe use prior to member use

Membership

Signed

- No refunds will be given on memberships unless for special circumstances, for example health reasons. Any possible refunds will need to be approved by the Sports Facilities Coordinator
- All student memberships will expire at the end of August each year, all staff membership run for 1 year from the joining date and you will be required to renew your membership to gain future access

DECLARATION: I confirm that to the best of my knowledge, the information given on the ANGLIA RUSKIN UNIVERSITY GYM MEMBERSHIP APLLICATION FORM is correct and complete. I understand that access is subject to numbers and availability of facilities. I hereby accept and agree to abide by all rules, regulations and other provisions set out therein and to any amendment/revision which shall be made from time to time. I will not hold the University responsible or liable for any action or event resulting from a breach of the same.

DATA PROTECTION ACT 1998: I agree to the University processing personal data contained in this form or other data which the University from me or other people. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason including data described as Sensitive Data within the meaning of the Data Protection Act 1998 such processing to be undertaken for any purposes indicated in this Declaration.

Date / /

Date of Induction	
Amount paid	
Receipt Number	
Staff Initials (person who took payment)	
STUDENT STAFF CO	ONCESSION PUBLIC