

Body Limit

Fitness Centre
1 Beaumont Works, Sutton Road, St Albans,
Hertfordshire, AL1 5HH Tel: (01727) 739728

Surname _____ First Name(s) _____
Address _____

Postcode _____ Date Of Birth _____
Tel No (s) Home _____ Mobile / Work _____
E-Mail Address _____
Next Of Kin / Emergency Contact No (s) _____
Disabilities (If Any) _____

Type Of Membership (Please Circle)		Gold	Gold Off Peak
Silver	Silver Off Peak	1 Month	Student

Payment Contract Details (For Office Use Only)		
Deposit Paid	£ _____	(Enter Amount)
Full/Part Payment Made	£ _____	(Enter Amount)
Direct Debit Payments	£ _____	(Enter Monthly Figure)
Contract Value / Length	£ _____	(Months)
Par Q Signed (Now/Old Members)	_____	Card Issued _____ (Enter Dates)
New Member	Renewal	Adding Family Member (Please Circle)
Induction Date	_____	Entered onto Computer _____ (Enter Dates)

GENERAL CONDITIONS OF MEMBERSHIP

1. Membership fees are non refundable under any circumstances.
2. The management reserve the right to refuse or cancel membership at any time.
3. All membership fees must be paid in full and on time without exception.
4. The management does not accept responsibility for any loss, damage or stolen property on these premises or car park.
5. Memberships do not include the use of a locker, lockers may be used, ask staff for keys.
6. Tuition for every new member. Please ask for details.

I agree to the above conditions

Signed _____
Date _____ Membership No _____

BODY LIMIT HEALTH & FITNESS CLUB DISCLAIMER & EXERCISE SCREENING FORM

In order to enjoy the gymnasium to the full, and to ensure your safety, certain precautions are necessary. However, if you do not complete this form the company will not let you use the facilities within the Health Club.

PLEASE READ THE FOLLOWING CAREFULLY, COMPLETE AND SIGN.

Users are particularly advised not to undertake physical activity for which they might be medically unfit, and both Body Limit Health and fitness Centre and the owners will not be in any way responsible for any harm which may come to a user as a result of their undertaking, within the health club, any activity which is beyond their physical capability.

You must indicate below if you now or have had in the past twelve months any of the following:

- | | |
|---|----------|
| 1. History of Heart problems, Chest pains or tightness in the chest? | Yes / No |
| 2. High Blood Pressure? | Yes / No |
| 3. Diabetes? | Yes / No |
| 4. Respiratory problems including Asthma? | Yes / No |
| 5. Headaches, Fainting or dizziness? | Yes / No |
| 6. Pain or limited movement in any joints? | Yes / No |
| 7. Back Problems? | Yes / No |
| 8. Epilepsy? | Yes / No |
| 9. Do you smoke? If the answer is yes, how many per day? | Yes / No |
| 10. Are you pregnant, or post natal (baby under 6 months old) | Yes / No |
| 11. Are you under medical treatment, had a recent operation, injury or chronic illness? | Yes / No |
| 12. Are you new to exercise or starting again? | Yes / No |

If answering yes to any of the above, please provide further information

I declare to that to the best of my knowledge the information given above is correct and I know of no reason why I should not participate in exercise. I have read and understood the information above and agree to take full responsibility for my actions whilst within the health club area.

Signed _____ Date _____