

Membership Application

Terms & Conditions:

1. You must read and follow any conditions on the notices and signs on display within Sporting Edge.
2. You must adhere to all Edge Hill University and Sporting Edge policies and procedures at all times
3. If your medical condition changes from that stated in your Health Questionnaire you must inform a member of staff at Sporting Edge.
4. You must consider other users of Sporting Edge and our employees. We can prevent you from entering the facilities or ask you to leave if we think your behaviour or your dress is not suitable or may cause offence. The Duty Manager has the right to stop you from using the facilities if they feel that you may be under the influence of Alcohol or Drugs. Smoking is not permitted on the premises.
5. You can upgrade your membership to Premier or Peak at any time. You can downgrade your membership to Standard or Off Peak with one month's written notice.
6. Direct debit subscriptions will be due on the 10th day of every month. If the bank returns a failed payment on your account, we will contact you and ask you to make a manual payment for that month. We will suspend your membership and you will be denied access to the facilities until payment is made. This does not mean that we will automatically cancel your membership.
7. Members can cancel or suspend their membership with immediate effect for the following circumstances:
 Medical condition (you must provide a letter from your doctor)
 Redundancy (you must provide a letter from your employer)
 Job relocation (you must provide a letter from your employer)
 or leaving an Edge Hill course before completion (you must provide a letter from Edge Hill)
8. You may end your Direct Debit agreement at any time by giving us 60 days written notice. You must address your notice to the Administration Manager at Sporting Edge. We will confirm your cancellation date within 10 days of receiving your letter. If you do not receive confirmation within 10 days, you must let Sporting Edge know. It is your responsibility to ensure we have received your notice. We only accept proof of recorded delivery as proof of posting.

I have completed the Health Questionnaire and have read and agreed to the Terms & Conditions.

Signed

Print Name

Date

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Please tick the box if you DO NOT wish to receive mailings from Sporting Edge regarding special offers and Activities. (we will still contact you regarding your specific membership should the need arise)

All information received on this application form will be treated in accordance with The Data Protection Act 1998. It will be used solely for the purpose of your Membership & will not be made available to any outside agencies.

Membership Number

OFFICE USE ONLY

Receptionist

Joining Date:
 Direct Debit Start date:
 Pro Rata amount: £
 First Month amount:
 Annual amount: £
 Payment Type:
 Details inputted on Scuba

Fitness Team

Induction Date:
 Time:
 Instructor:
 Booked by:
 Induction completed:

Membership Type

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Premier Peak | <input type="checkbox"/> Active Edge |
| <input type="checkbox"/> Premier Off Peak | <input type="checkbox"/> GP Referral |
| <input type="checkbox"/> Standard Peak | <input type="checkbox"/> Swim Permit |
| <input type="checkbox"/> Standard Off Peak | <input type="checkbox"/> Track Permit |
| | <input type="checkbox"/> Casual |

Membership Category

- Adult
- Junior
- Community
- Student
- Staff
- Corporate

Payment Terms

- Monthly Direct Debit
- Student Monthly
- Annual
- Pay Each Visit

Personal Details

Surname

First Name

Title Mr Mrs Miss Ms Dr

Date of Birth / /

Address

Postcode

Email

Telephone (h) (m)

Emergency Telephone (days) (eves)

Do you have children Yes No If so, ages:

How would you describe your ethnic origin? (please tick)

- | | | |
|--|---|--|
| <input type="checkbox"/> White UK | <input type="checkbox"/> Black African | <input type="checkbox"/> Other Ethnic Group, please specify: |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Black UK | ..... |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Black Other, please specify: ..... | ..... |
| <input type="checkbox"/> Pakistani | ..... | ..... |
| <input type="checkbox"/> Bangladeshi | ..... | ..... |
| <input type="checkbox"/> Chinese | ..... | ..... |
| <input type="checkbox"/> Black-Caribbean | ..... | ..... |

Do you consider yourself to have any of the following impairments or health conditions?

- | | | | |
|------------------------------|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Health Condition | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> No | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Mental Health condition |

If Yes do you have any special requirements?

Do you require any assistance in the event of an emergency evacuation? Yes No

If yes a Personal Emergency Evacuation Plan (PEEP) is available on request

What are your sporting interests? (tick all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Hockey | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Fitness Suite | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Basketball | <input type="checkbox"/> Running |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Netball | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Football | <input type="checkbox"/> Tennis | ..... |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Cricket | ..... |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Rugby | ..... |

How did you first hear about Sporting Edge? (tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Banner | <input type="checkbox"/> Ormskirk Advertiser | <input type="checkbox"/> Centre Promotion, please state: |
| <input type="checkbox"/> BT Phone Book | <input type="checkbox"/> School | ..... |
| <input type="checkbox"/> Careers Fair | <input type="checkbox"/> Student presentation | ..... |
| <input type="checkbox"/> Champion newspaper | <input type="checkbox"/> Thomson Local | ..... |
| <input type="checkbox"/> Existing member | <input type="checkbox"/> Website | ..... |
| <input type="checkbox"/> GP/Health professional | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Leaflet through door | <input type="checkbox"/> Yell.com | ..... |
| <input type="checkbox"/> Member of Staff | <input type="checkbox"/> Yellow pages | ..... |



Edge Hill University

Health Questionnaire:

What is your present activity level ? (please tick)

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Good |
| <input type="checkbox"/> Average | <input type="checkbox"/> Excellent |

How often do you currently exercise?

Do you suffer from any of the following? (please tick)

- | | |
|---|--|
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Bone or joint problems | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscle injuries |

Have you had surgery in the last 12 months? (please tick)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you currently on any medication? (please tick)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Is there any reason that may affect your ability to participate in physical activity at present e.g medical condition, pregnancy etc (please tick)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Please state:

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Sporting Edge require you to be physically capable of undertaking exercise on the day of your induction. Please do not consume food, fizzy drinks, coffee or alcohol for at least 2 hours prior to your induction.

In signing this form I am acknowledging that I have completed this form to the best of my knowledge and have disclosed any medical, health or physical conditions that may affect my capability to participate in exercise. I understand that it is my responsibility to inform Sporting Edge of any change in my health or medical history.

I accept that I enter into activity at Sporting Edge entirely at my own risk I also certify that I will not hold any part of Sporting Edge, its staff or any other agents against loss, damage or expense arising out of death, injury or damage to property. This is unless Sporting Edge, its staff or any other agents are found to be negligent.