

Pricing structure:

All applying for membership need to complete the above forms and submit them with their £10 one off fee plus first month gym membership money either in cash or Cheque made payable to Holbeach St Marks Community Association.

Fee Structure:

- Pay up front for whole year in cash/cheque - £100 plus £10 one off fee (non refundable) or
- Pay for 12 months by monthly standing order - £10 per month standing order plus cash or cheque for £10 for one off joining fee and £10 for first month's membership.
- Pay for 3 months only by monthly standing order - £15 per month standing order which will end after 3 months plus cash/cheque for £10 one off payment and £15 first month - £25 total.
- For family memberships - £10 per month for adult members and £4 per month for junior members. One off joining fee of £10 per family. £5 charge for second key fob issued to other adult member.

Identification:

When submitting their application people need to show proof of ID (valid passport, driving licence or birth certificate) plus proof of current address i.e. utility bill dated within the last 3 months. The membership form should be ticked and signed to verify that documentation has been checked before returning them. Photocopies do not need to be taken.

Information given on membership forms i.e. date of birth and address should be checked to ensure it corresponds to the ID and proof of address provided.

Health Checks:

One to one Health Checks are running separately over the first weekend and last 10 minutes per person. Everyone with **Yes** responses on their Health Forms must have a health check. For everyone else it is optional, however, it is worth encouraging everyone to have one.

Alison Woodcock is carrying out health checks, which people can have either before or after their induction, at the following times:

Induction Information:

The induction sessions are for people's induction to the Kit and the gym procedures. Everyone must have an induction prior to using the gym. Once these are completed Jamie will sign off a form to say they are inducted which the person will also sign. The key fob will then be activated so they can use the gym. Jamie will pass on the person's completed induction form in order for Dara to activate the key fob.

Note: Junior members must be accompanied by the adult family member of the gym at all times, including their induction.

Please complete this form in **black pen** in **BLOCK CAPITALS**.

MEMBER DETAILS			
Forename:	Surname:		
Title: Mr/Mrs/Miss/Other(please state)	Date of Birth:		
Address:			
Post Code:			
Home Telephone:	Mobile Telephone:		
Are you a Bakkavor Employee?	YES / NO		
Emergency Contact Name and telephone number: <i>Who do you wish to be contacted in the event of an emergency?</i>			
Have you used a gym before?	YES / NO		
MEMBERSHIP DETAILS:- Please circle correct answer			
Type of Membership: Adult / Junior	12 months membership / 3 months membership		
Name of Adult member if Junior membership:-			
PAYMENT DETAILS:- Please circle correct answer			
Payment Method:-	Standing order / Full Payment		
<input type="checkbox"/> Joining Fee - £10 <input type="checkbox"/> 3 months membership - £15 per month plus joining fee <input type="checkbox"/> 12 months membership by standing order - £10 per month plus joining fee <input type="checkbox"/> 12 months membership by full payment upfront (non refundable) £100 plus joining fee <input type="checkbox"/> Junior membership - £4 per month <input type="checkbox"/> Additional key fob for second adult family member - £5			
DIVERSITY INFORMATION			
Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/>
Black (African)	<input type="checkbox"/> Black (Caribbean)	<input type="checkbox"/> Polish	<input type="checkbox"/>
Latvian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Lithuanian	<input type="checkbox"/>
Black (Other)	<input type="checkbox"/> Chinese	<input type="checkbox"/> Russian	<input type="checkbox"/>
White (European/UK)	<input type="checkbox"/> Other: (give details) _____		
Do you consider yourself to have a disability? (Please circle) Yes / No <i>If Yes: please state the type of disability and if any special considerations are needed?</i>			

MEMBERS DECLARATION & PAYMENT DETAILS
<p>Before signing this document, I have read, understood and hereby agree to the terms & conditions of membership as defined in the membership pack and know that it affects my legal rights.</p> <p>I have completed the Health Questionnaire, Induction Form, Standing Order Mandate and Waiver form and provided relevant ID and I agree to pay the following fees:-</p>

Proof of Address and ID (e.g. Driving Licence) taken **Forms Checked** *(For internal use only)*

Signature: - _____

Date: - _____

Print Name: - _____

Date and Time of Induction: - _____

Signature of Adult Member: - _____
If Junior Application

Print Name: - _____

Date: - _____

Acknowledgement of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand that whilst participating in such activity:-

- I may be injured, physically or mentally, or may die.
- My personal property may be lost or damaged.
- Other persons participating in such activity may cause me injury or may damage my property.
- I may cause injury to other persons or damage their property.
- The conditions in which the activity is conducted may vary without warning.
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Holbeach St Marks Community Association.
- There may be no or inadequate facilities for treatment or transport of me if I am injured.
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.
- I, as the adult member responsible for a junior family member, assume the risk of and responsibility for any injury, death or property damage resulting from their participation in the activity.

Release and Indemnity

- I participate in the activity at my sole risk and responsibility.
- I release, indemnify and hold harmless Holbeach St Marks Community Association, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf by other parties for or in respect of, or arising out of any injury, loss or damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Administration & Use

1. Applicants must complete a Membership Form, Health Form, and Standing Order Mandate and provide relevant proof of address and Identification. The Health Form is to enable the Health Trainer and Gym Instructor to identify potential health risks. In some circumstances a doctor's consent may be required before Gym use is permitted. Junior's applicants must have all forms countersigned by a senior family member.
2. All users must undergo Induction Training for the safe use of the gym equipment. A designated Gym instructor by Holbeach St Marks Community Association must carry out this training. Junior members must be accompanied to their inductions by an adult member.
3. Only fully paid up members of the gym are permitted to use the gym. Membership fees may be increased at the discretion of the Holbeach St Marks Community Gym team. It is the intention of the team to ensure that the rates remain competitive to support its aim of fitness facilities for all.
4. All users must be appropriately dressed when using the gym. Shirts must be worn at all times (normally T-Shirt or Vest) with shorts or track suit. Appropriate clean footwear must be worn (normally trainers).
5. All Equipment, must be used in the correct manner for which it was designed and each user must give due regard to their own health and safety and to that of other users.
6. All equipment, especially free weights, must be returned to its storage rack or position at the end of each training session.
7. The Holbeach St Marks Community Association will make every effort to maintain the equipment in good condition and in good working order. Any faults must be reported immediately to Holbeach St Marks Community Association via the Gym instructor or Receptionist. The fault should be recorded in the Gym Equipment Book.
8. All adult gym users are required to swipe the key fob every time they enter the gym. This is a requirement for us to record the level of usage for the Health and Wellbeing Fund. Junior members should enter with their parent. Gym users are not permitted to bring friends for sessions in the gym or pass on their key fob for anyone other than their own use. The key fob is for the sole use of the member and is not transferable. This will be taken very seriously indeed and the user concerned will suffer loss of their membership for putting Holbeach St Marks Community Association at risk of litigation.
9. Lost or stolen key fobs should be reported to Reception. A new key fob can be purchased from Reception at the current price of £10

Administration & Use

10. Spectators are not permitted at the gym at anytime.
11. Users must behave responsibly at all times. Unreasonable behaviour includes bad language / inappropriate remarks or behaviour of any kind.
12. Users must be aged 18 years or over to gain membership. Family membership can be purchased for juniors aged 13 years to 17 years. Junior members of the gym must be accompanied by an adult member at all times. Junior members are the responsibility of the accompanying adult member at all times.
13. Water consumption is recommended whilst in the gym. Please ensure you bring your own drinks for use during your time in the gym.
14. Food is not to be taken into the gym.
15. Users are requested to carry a towel whilst training to wipe equipment after use.
16. Mobile phones if brought into the gym must be on silent. It is recommended that these are left in the lockers provided.
17. Lockers should be hired for the storage of all personal belongings.
18. The use of the gym whilst feeling temporarily unwell because of a bad cold, fever or against medical advice is not permitted. This is for the well being of the user and other members.
19. Upon leaving the gym, if you are the last person out, please switch off the lights, sound system, and air conditioning/heating system.

Joining Fee

A one off joining fee applies to all new members. This is currently £10.00 and is to be paid upon submission of the completed application and will cover administration and the issue of a key fob.

Membership Duration & Standing Orders

A standing order mandate must be completed in all cases where the full membership payment is not paid. This is an ongoing membership and deductions will be made for the full term applied (3 months or 12 months).

The minimum term of Membership is 3 months (at a rate of £15 per month) or 12 months (at a rate of £10 per month – depending upon offer applied).

However, should a member wish to cancel their membership, a membership cancellation form should be completed and submitted giving a minimum of 2 calendar month's notice.

- *Before signing this document please read the full terms & conditions of membership as detailed.*
- *I have read, understand and hereby agree to the terms & conditions of membership as defined in the membership pack and know that it affects my legal rights.*
- *I have completed the Health Questionnaire, Standing Order Mandate and Waiver form and provided relevant ID. I agree to pay the appropriate fees as set out in the membership information.*

Signature: - _____

Date: - _____

Print Name: - _____

Accompanying Adult for Junior Members

Signature: - _____

Date: - _____

Print Name: - _____

HOLBEACH ST MARKS COMMUNITY GYM Health Questionnaire

This health questionnaire has been designed to identify the small number of people for whom it would be wise to have medical advice before using the gym.
Please read the following questions carefully and answer each one honestly.

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	
DATE OF BIRTH:	AGE:
Please circle: YES or NO:-	
1. Have you taken part in any physical activity within the last 12 months? YES / NO <i>Please state how many months it has been since you last undertook physical activity/exercise:-</i>	
2. Has your doctor ever said that you have a heart condition? YES / NO	
3. Do you feel pain in your chest when you do physical activity? YES / NO	
4. In the past month have you had a pain in your chest when you were not doing physical activity? YES / NO	
5. Do you suffer from High or Low Blood Pressure? YES / NO	
6. Do you lose your balance because of dizziness or do you ever lose consciousness? YES / NO	
7. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES / NO	
8. Do you have diabetes? YES / NO	
9. Do you have asthma? YES / NO	
10. Are you taking any medication? YES / NO <i>If yes please provide full details below:-</i>	
11. Are you pregnant or recently had a baby within the last 3 months? YES / NO	
If you have answered 'YES' to one or more questions from 2-11 you will be required to undergo a review and Health Check with the Health Trainer prior to commencing use of the gym. You may be required to consult with your doctor for confirmation regarding your suitability for this type of activity. You will be notified if this is the case. PLEASE ADVISE OF ANY OTHER CONDITIONS YOU FEEL WE MAY NEED TO KNOW ABOUT:-	

<p>I declare that the above answers are true to the best of my knowledge. I consent to the HSM Gym team including the Lincolnshire Sports Partnership and Health Trainers reviewing my health questionnaire. I agree to refer to my doctor if it is found that this is necessary prior to use of the gym. I agree to notify the HSM Gym team of any changes to my health in the future and complete a new form should this be required.</p>	
Signature: - _____	Date: - _____
Health Check Required? Y / N	Doctor's Confirmation Required? Y / N
Date of Health Check: - _____	Date Confirmation Received: - _____
Checked by Health Trainer or relevant person:-	
Signature: - _____	Date: - _____
Print Name: - _____	
Accompanying Adult at Health Check if Junior Member:-	
Signature: - _____	Date: - _____
Print Name: - _____	

HOLBEACH ST MARKS COMMUNITY GYM



STANDING ORDER MANDATE

Your Account Details

Please complete the details below and submit with your completed Gym application forms. The payment details will be completed by the Administration team.

Account Holder Name:	Sort Code: _ _ - _ _ - _ _
Bank / Building Society Name & Address:	Account Number: _ _ _ _ _ _ _ _ _ _

Beneficiary Details (Who you want to pay)

Sort Code: 20 – 80 – 78	Beneficiary Name: Holbeach St Marks Community Association
Account Number: 90657301	Reference: (Your Fob Key Number)
Payment Details	
Amount of First Payment £	Date of First Payment _ _ / _ _ / _ _ _ _
Amount of Usual Payment £	Date of Usual Payment _ _ / _ _ / _ _ _ _
Frequency of Payment: Monthly	Continue payment until further notice <input type="checkbox"/> OR Last Date of Payment

Customer Signature(s) _____

Customer Contact Telephone Number _____

Date _____