

## Application for Membership

### Personal Details (primary)

[Mr] [Mrs] [Miss] [Ms] D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Surname: \_\_\_\_\_ Forename/s: \_\_\_\_\_  
 Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Details (for joint memberships)

Spouse/partner's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Children Details

Child's name 1: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's name 2: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Extra Child: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Type of Membership

Individual	<input type="checkbox"/>	Joint (2 Adults)	<input type="checkbox"/>		
Senior Individual (over 60)	<input type="checkbox"/>	Senior Joint (over 60)	<input type="checkbox"/>		
Individual Off Peak	<input type="checkbox"/>	Joint Off Peak	<input type="checkbox"/>	Student	<input type="checkbox"/>
Family 1	<input type="checkbox"/>	Family 2	<input type="checkbox"/>	Extra Child	<input type="checkbox"/>

### Payment Method

Annual  I/We enclose details/payments for one years membership.  
 Monthly Direct Debit (complete D/D application)   
 Payment type: Visa  Mastercard  Cash

### Declaration

I/We hereby declare that I/We have read the Country Club terms and condition and that I/We will abide by all the rules and regulations.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

### Official Use

Joining Fee Paid: Yes  No  Receipt Number: \_\_\_\_\_  
 Staff sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Start Date: \_\_\_\_\_ Membership Number: LA \_\_\_\_\_

## Direct Debit Application

Please Complete Application in BLOCK capitals.

Name(s) of Account Holder(s)


Bank/Building Society Number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

Bank/Building Society
Address
Postcode

Reference Number *(official use)*:

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### Instruction to your Bank/Building Society to pay by Direct Debit

Originator's Identification Number:

9	6	4	6	5	7
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<p>FOR OFFICIAL USE ONLY</p> <p>This is not part of the instruction to your Bank or Building society</p>
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*Please pay La Mon Hotel and Country Club Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I have read the Direct Debit Guarantee and I understand that this instruction may remain with La Mon Hotel and Country Club and, if so, details will be passed electronically to my Bank/Building Society.*

*Bank and Building Societies may not accept Direct Debit Instructions for some*

Signature(s)
Date

## Physical Activity Readiness Questionnaire

There are many health benefits to be gained when you exercise regularly. However, before you increase your level of physical activity, it is advised to look at your current health status. If you are not used to being very active, check with your doctor.

*\*Your instructor will treat all information confidentially\**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you ever feel pain in your chest when you do physical activity?
3. Do you ever feel faint or have spells of dizziness?
4. Do you have a joint problem that could be made worse by exercise?
5. Have you ever been told that you have high blood pressure?
6. Are you asthmatic or do you feel out of breath after mild physical activity?
7. Are you currently taking any medication of which the instructor should be made aware? If so, what?
8. Are you pregnant or have you had a baby in the last 6 months?
9. Have you undergone any recent surgery? (1year)
10. Is there any other reason why you should not participate in physical activity? If so, what?

If you have answered yes to one or more questions we strongly advise you talk to your doctor before you begin an exercise programme and tell them what you answered yes to in the questionnaire. Talk to your doctor about the activities you wish to participate in and follow their advice.

If you have answered no to all questions you can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme.

Please note, if your health changes and you subsequently answer yes to any of the above questions, inform your fitness or health professional immediately.

### Emergency Contact

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## Discussion with Client

## Outcomes

I have read, understood and completed the Questionnaire

I have discussed any issues with the instructor.

I will ensure that I inform staff at once if any of the above information changes.

I agree that any health and fitness induction course I may participate in is in no way a substitute for a full medical examination.

I agree that I will not use any piece of exercise equipment without receiving full instructions for its use from an instructor.

All questions were answered to my full satisfaction

I agree that in signing this document I understand that I shall take part in any recommended programme entirely at my own risk and waive any legal recourse against La Country Club for any personal injury, loss or damage sustained by me or any other person arising from my participation.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_