

## RULES AND CONDITIONS OF MEMBERS

We at 4Fit Leisure aim to provide Health & Recreational Facilities for our Members & to provide & encourage a degree of fitness & well-being in an atmosphere of relaxation & enjoyment.

Please read carefully the rules & conditions of membership as they are binding for both legal & insurance purposes. The rules & conditions have been formulated to ensure maximum enjoyment for all our customers, if you need any guidance or further clarification regarding these rules or membership details please do not hesitate to contact us.

Residents of the 4Fit Leisure are automatically deemed to be members of 4Fit Leisure and are referred to as such hereinafter. They must abide by all rules & condition of membership.

### Membership

1. Membership of the leisure facility is at the discretion of the Management who reserve the right to reject, without explanation, any application for membership. In such cases, the membership fees if paid, will be refunding immediately.
2. Upon acceptance for membership, an applicant will be issued with a membership card. This card should be available for inspection by leisure staff on each occasion they wish to obtain entry to the 4Fit Leisure facilities & Sign the attendance book. Loss of membership card should be reported immediately to Management of 4Fit Leisure .
3. Membership is non-transferable. If a member knowingly allows his/her membership card to be used by an unauthorised person, such membership will be withdrawn and no refund of subscription or joining fee will be made.
4. Membership is renewed by payment of the annual subscription fee on or before the expiry date shown on membership card or by Direct Debt. Management reserve the right to reject an application for renewal of membership or to cancel any membership without explanation.
5. (a) Any member wishing to terminate membership before the expiry date may do so. No refund of subscription or joining fee will be made.  
  
(b) If you wish to suspend or freeze your membership you must, in writing, give the minimum notice period of one month. When you resume your membership after the period of suspension or freeze you do not have to pay the initial joining fee. A monthly charge will be applied to all freeze subscriptions.
6. Membership does not include right to the use of towels by 4Fit Leisure.
7. Where necessary, management reserve the right to restrict the number of persons using the 4Fit Leisure at any one time in the interests of safety.
8. 4Fit Leisure members automatically accept and agree to be bound by the conditions of membership. Members shall also observe any amended or additional conditions or rules so imposed by the management.
9. If you wish to cancel your membership you must do the following:  
  
(a) Send written notice by giving the minimum notice period of one month  
  
(b) Pay and fees that are due up to the date of cancellation. No partial refund of monthly fees if you cancel part way through a month; and  
  
(c) Cancel any direct debit you may have with your bank.
10. Direct Debit Membership consists of a minimum 12-month contract which after this initial period will be automatically being renewed for a further 12 months until we receive written notification of cancellation.

11. Direct Debit members who wish to cancel their membership must give one month's notice in writing by completing and signing the cancellation forms available at reception. Cancellation of Direct Debit within a 12-month contract will also meet with the following penalties.

(a) The remaining months on the contract or a cancellation charge of £90.00 should be paid with any balance owed.

(b) Members will not be able to avail of the Direct Debit membership at a future date.

12. Direct Debit members who have 3 rejected payments over the calendar year, will be cancelled immediately and the full amount of membership outstanding will be requested.

13. Any member(s) suspected to be taking personal training or swimming lessons at 4Fit Leisure will have their membership reviewed which may lead to the termination of membership at the discretion of the Management of 4Fit Leisure.

Signed.....

### MEMBERS SIGNING – IN AND MEMBERS GUESTS

1. Members should produce their membership's cards & sign the attendance book or swipe card each time they wish to gain access to 4Fit Leisure facilities.
2. Members may introduce guests to the 4Fit Leisure. However, a charge for each guest is payable on arrival. Members should remain with their guest for the duration of their visit and should not leave the 4Fit Leisure before their guest. Members are responsible for the behaviour of their guest. Members are responsible for the behaviour of their guests and should ensure that guests comply with the rules and conditions of the 4Fit Leisure .
3. Only members 17 years and over may introduce a guest to the 4Fit Leisure .
4. Members wishing to introduce guests into the 4Fit Leisure must consult a member of the 4Fit Leisure staff beforehand.

### CHILDREN (14 YEARS & UNDER)

1. In the interest of safety, children under 17 years will only be admitted to the 4Fit Leisure if accompanied by and under the supervision of a fully paid adult member. This member is responsible for the safety and conduct of this child for the duration of the child's visit.
2. Children under 14 years of age are not permitted in 4Fit Leisure after 8:00pm Monday to Saturday.
3. Access for children to the following facilities is limited as follows:  
(A) Fitness suite: Any person under 14 years is not permitted to use these facilities.  
(B) Jacuzzi, Steam Room & Sauna: Any person under 16 years is not permitted to use these facilities.

### SAFETY & HYGIENE

In the interests of safety all members and guests shall observe the following:

1. Members shall not use the facilities of the 4Fit Leisure whilst under the influence of alcohol or drugs.
2. Members are not permitted to take food or drink into the 4Fit Leisure. Glass or bottles of any kind are strictly forbidden.
3. It is the duty of the members suffering from health problems such as heart complaints, diabetes, Hyper/Hypo-tension of those receiving medical attention or having any form of indication or any medical condition to consult their doctor before using any of the facilities offered at 4Fit Leisure. Staff at the 4Fit Leisure should be notified in writing in all such cases described above. If a member or guests is in any doubt about safety and the use of any of the facilities, please consult a member of staff.
4. It is imperative that all members use shower and/or footpath before and after use of pool, jacuzzi, sauna or steam room.
5. Smoking is not permitted in the 4Fit Leisure.



# 4FIT LEISURE

Be Active

7. No pets are allowed in the 4Fit Leisure.
8. On the request of Management or on the sound of the fire Alarms the 4Fit Leisure must be evacuated as quickly & safely as possible.
9. Members are not permitted to shave in the Showers, Steam room or Sauna room. No footwear or gym shoes are allowed on the pool side, swimming caps must be worn at all times.
10. Members must ensure that they are wearing the suited attire for the activity they are engaged in for example, gym shoes must be worn in the fitness suite.
11. Photos are NOT to be taken in the pool area.

### LIABILITY

1. The Management, Directors, Officers or employees of the 4Fit Leisure are not liable for any loss of property or damage or personal injury of any kind, nature or description howsoever caused, including death, which may arise or be sustained by a Member of his family or his guest whilst on the premises.
2. Although lockers are provided in the changing rooms, the Management does not accept any responsibility for the loss or damage to goods therein.
3. The 4Fit Leisure shall employ staff to manage 4Fit Leisure but the supervision of all facilities at all times is not possible.

Signed.....

### COMPLAINTS & DISPUTES

1. Staff should be notified in writing of any suggestions or dissatisfaction felt by members in regard to the facilities.
2. In the event of a dispute or difference arising in the interpretation of the rules and conditions 4Fit Leisure the managers decisions is final and binding on all members

### OPENING HOURS

MONDAY TO FRIDAY	6:30am-10:00pm
SATURDAY	8:00am-8:00pm
SUNDAY	8:00am-8:00pm

Children i.e. those under 14 years of age are not permitted in the 4Fit Leisure after 8:00pm Monday to Saturday.

Note: Last admission 30 minutes before closing time.

*I have read and agree to the Terms and Conditions*

Signed.....

Date: .....

### GDPR

We here at 4Fit Leisure take our members privacy very seriously, and your right to be contacted

As of 25<sup>th</sup> May 2018, the new EU General data Protection Regulations (GDPR) comes into place.

If you would like to stay on our mailing list and continue to receive emails, letters, social media and phone call updates please tick YES below.



# 4FIT LEISURE

## Be Active

### \*EXERCISE READINESS QUESTIONNAIRE\*

Public safety within 4Fit Leisure is of paramount importance. For this reason, we must establish your current health status prior to helping you improve your fitness. The questions below are designed to identify those persons who should obtain medical advice before undertaking physical exercise

Main Member (print)..... Member No.....

Partner [if applicable] (Print)..... Member No.....

Club Location..... Date...../...../.....

#### Part 1 – Please tick the relevant boxes below

	Main Member		Joint (if applicable)	
	Yes	No	Yes	No
1. Has your doctor ever indicated that you have a heart condition and recommended only medically supervised exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had chest pain brought on by physical exertion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you suffered from chest pains in the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever lose consciousness or lose control of your balance due to chronic dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently being treated for a bone or joint problem that restricts you from physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a doctor ever recommended medication for blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you suffer from Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you suffer from breathlessness when at rest or after a slight exertion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there any possibility that you may be pregnant or currently knowingly pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you over 65 and unaccustomed to regular exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you in the past or currently suffer from any skin condition or irritation? I.e Eczema, Psoriasis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you aware through your own experience, or a doctor's advice, of any physical reason against exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Part 2 – Please tick the relevant boxes below

	Yes	No	Yes	No
1. Have you suffered from a heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have known high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have known high cholesterol levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke or cardiovascular disease before the age of 55?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Signed

Main Member: .....

Joint (if applicable): .....

#### 4Fit Leisure

Staff Check: .....

(Print and sign) .....

Next of kin: .....

Tel No: .....

Doctor: .....

Address: .....

.....

Tel No: .....



# 4FIT LEISURE

## \*MEMBERSHIP FORM\*

If you have read the rules and are happy to comply with them and have been informed of the levels of fees for your package of membership and are happy to pay them, please complete the details on this form. Completion and signature of this form by you (or your parent/guardian) and acceptance of your application form by us will then create a binding contractual agreement, the terms of which are set out on this application form.

### PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS:

Name:..... Date of Birth: ...../...../.....

Address: .....

Town: ..... County: ..... Post/Eir Code .....

Contact Email - .....

Home: ..... Work: ..... Mobile: .....

### Joint Membership (Partner Details):

Name:..... Date of Birth: ...../...../.....

Address: .....

Town: ..... County: ..... Post Code .....

Contact Email - .....

Home: ..... Work: ..... Mobile: .....

### Children ( Please refer to price list for pricing per child):

Please complete the following: (17 years and under)

Child's Name..... Date of birth...../...../.....

Child's Name..... Date of birth...../...../.....

Child's Name..... Date of birth...../...../.....

Child's Name..... Date of birth...../...../.....

### MEMBERSHIPS DETAILS :

Package Type.....

Package duration.....

### CHILDREN ADDED TO MEMBERSHIP:

Child 1

Child 2

Child 3

Additional Children Amount: \_\_\_\_

### Gym Induction :

Club Representative .....

Start Date...../...../..... Members No: .....

Screening Form checked: .....

Program Required: .....

### Staff use Only:

Initial joining fee applied: .....

If no joining fee explain why.....

Annual Payment: .....

Monthly Payments : .....

### Membership Payment Options:

Cash:  Cheque:  Credit/Switch Card:  Direct Debt:

Signed: ..... Date: ...../...../.....

Areas of interest:

Cardio based training  Fitness Classes  Swimming Lessons  Personal Training

Weight Loss  General Fitness  Relaxation

Staff Signed.....

Date.....



# 4FIT LEISURE

Please fill in this form in its entirety.

Name (s) of account holder(s)

Bank/Building Society account Number

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Bank/Building Sort Code Number

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Name and Full postal address of your bank or building society.

Bank/Building Society:

Address:

Post Code:

Reference:

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## Instruction to your bank or building society to pay by direct debit

Service User Number

### Instruction to your bank or building society

Please may 4Fit Leisure Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I Understand that this instruction may remain with 4Fit Leisure and, if so, details will be passed electronically to my bank/building society.

Signed

Date

## The Direct Debit Guarantee

Banks and building societies may not accept Direct Debits instructions for some types of accounts.

This Guarantee should be detached and retained by the payer.

- This guarantee is offered by all banks and building societies that accept instructions to pay direct debit.
- If there are any changes to the amount, date or frequency of your Direct Debit, 4Fit Leisure will notify you 7 working days in advance of your account being debited or as otherwise agreed. If you request 4Fit Leisure to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by **4Fit Leisure** of your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when 4Fit Leisure Asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.