

RULES AND CONDITIONS OF MEMBERS

We at Four Seasons Hotel Leisure Club Monaghan 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 con tact us.

Residents of the Four Seasons Hotel Leisure Club Monaghan are automatically deemed to be members of Four Seasons Leisure Club Monaghan 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 Four Seasons Hotel Leisure Club Monaghan facilities & Sign the attendance book. Loss of membership card should be reported immediately to Management of Four Seasons Hotel Leisure Club Monaghan.
- 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 If a member knowingly allows his/her membership card to be used by an unauthorised person, such membership will be withdrawn and no refund of subscription or joining fee will be made.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 ab 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 Four Seasons Hotel Leisure Club Monaghan.
- 7. Where necessary, management reserve the right to restrict the number of persons using the Four Seasons Hotel Leisure Club Monaghan at any one time in the interests of safety.

8. Four Seasons Hotel Leisure Club Monaghan 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 months’ 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 Four Seasons Hotel Leisure Club Monaghan will have their membership reviewed which may lead to the termination of membership at the discretion of the Management of Four Seasons Hotel Leisure Club Monaghan.

Signed.....
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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 Four Seasons Hotel Leisure Club Monaghan facilities.
- 2. Members may introduce guests to Four Seasons Hotel Leisure Club Monaghan. 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 Four Seasons Hotel Leisure Club Monaghan 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 Four Seasons Hotel Leisure Club Monaghan.
- 3. Only members 17 years and over may introduce a guest to the Four Seasons Hotel Leisure Club Monaghan.
- 4. Members wishing to introduce guests into the Four Seasons Hotel Leisure Club Monaghan must consult a member of the Four Seasons Hotel Leisure Club Monaghan staff beforehand.

CHILDREN (14 YEARS & UNDER)

- 1. In the interest of safety, children under 17 years will only be admitted to the Four Seasons Hotel Leisure Club Monaghan 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 Four Seasons Hotel Leisure Club Monaghan n after 8:00pm Monday to Saturday.
- 3. Access for children to the following facilities is limited as follows:
(A) Fitness suite: Any person under 16 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 Four Seasons Hotel Leisure Club Monaghan whilst under the influence of alcohol or drugs.
- 2. Members are not permitted to take food or drink into the Four Seasons Hotel Leisure Club Monaghan. 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 Four Seasons Hotel Leisure Club Monaghan. Staff at Four Seasons Hotel Leisure Club Monaghan should be notified in

- 7. No pets are allowed in Four Seasons Hotel Leisure Club Monaghan.
- 8. On the request of Management or on the sound of the fire Alarms the Four Seasons Hotel Leisure Club Monaghan 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.
- 12. Members under the age of 16 are not permitted to use the gym, sauna, steam room or jacuzzi.

LIABILITY

- 1. The Management, Directors, Officers or employees of the Four Seasons Hotel Leisure Club Monaghan 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 shall employ staff to manage Four Seasons Hotel Leisure Club Monaghan 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 Four Seasons Hotel Leisure Club Monaghan the managers decisions is final and blinding on all members

MARKETING & PROMOTION

- 1. Members will be emailed or phoned about any information regarding membership, promotion, offer or any changes within the Four Seasons Hotel Leisure Club Monaghan.

OPENING HOURS

MONDAY TO FRIDAY	6:30am-9:30pm
SATURDAY	9:00am-7:00pm
SUNDAY	9:00am-5:00pm

POOL SHUTS 15 MINS BEFORE CLOSING TIME

Children i.e. those under 14 years of age are not permitted in the Four Seasons Hotel Leisure Club Monaghan 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:



EXERCISE READINESS QUESTIONNAIRE

Public safety within **Four Seasons Hotel Leisure Club Monaghan** 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):

Four Seasons Leisure Club Monaghan

Staff Check:

(Print and sign)

Next of kin:

Tel No:

Doctor:

Address:

Tel No:



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 (Please circle):

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

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

Areas of Interest (Please circle):

Cardio based training: Personal Training: Weight loss:

Relaxation: Swimming Lessons:

Staff Signed.....

Date.....