

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Mr /Mrs/ Ms | **Mobile** |
| **First Name** | Telephone (Home) |
| **Surname** | **Email** |
| **Address** |  |
|  | Company Name (Corporate Memberships) |
|  |  |
|  | **In Case of Emergency:** |
| **Date of Birth** Day Month YEAR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | DAY | M | M | Y | Y | Y | Y |

 | Contact Name: |
| Contact Number: |
| Relation to Member: |
|  |  |
| **Male / Female** | **\*\*\***If under 16 years old they can only sign up if they are linked to a current member. Provide name and swipe card number of current member that they are linked to**\*\*\*****Current Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**Current Member Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***Membership Type****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***How did you hear about us?*** *(Please Tick)*

*(Please Circle)*

***Can we Contact by text message****: Yes\_\_\_ No\_\_\_* Website, Leaflet, Facebook, Friends

***Can we Contact by email:*** *Yes\_\_\_ No\_\_\_* Other (Please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Can we take your finger print:*** *Yes\_\_\_ No \_\_\_*

 (Finger print is optional. If you do not wish to have it done,

you will be required to give your name to enter the club)

**Would you like an Induction session with an Instructor: YES / NO**

**FOR OFFICE USE ONLY**

**Card Number: \_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONDITIONS OF MEMBERSHIP**

1. 4FIT Leisure is a member’s only club.
2. New members joining and past members renewing (that have not been a current member for 1 month or more) must fill out a new application form and a health-screening form before they can use the facilities.
3. On your application being accepted, membership entitles you to use all the facilities of the club and to join all programs & classes. All private tuition and certain programmed group courses incur an extra charge. Please ask your membership advisor for further details.
4. Temporary suspension of membership is permitted, minimum of 2 weeks to a maximum of 3 months complimentary. Beyond 3 months will incur an extra charge All Club memberships are not transferable and are non-refundable.
5. 4FIT Leisure management has the right to refuse any membership application.
6. Club membership may be terminated by the management for violation of any rule or regulation of the Club or conduct deemed by the management to be detrimental to the welfare, good order or character of the Club and its members.
7. The Club Management reserves the right to utilize the Club facilities for special events, private parties, seminars, tournaments or other activities which it may deem desirable.
8. The Club is not responsible for the loss of any personal items or damage to personal property either on the Club premises or in the parking area.
9. It is the responsibility of the parents or guardians of children under 16 years old to supervise their children at all times while they are on the Club premises.
10. In the event of major reconstruction of the Club premises, every effort will be made by Management to eliminate any diminution of Club services. Membership will not be suspended and member’s co-operation in this respect is assumed.
11. Proper clothing and footwear must be worn at all times. Flip flops are not allowed on the gym floor. Proper Swim attire must be worn in the swimming pool area at all times including swim hats in the swimming pool.
12. Payment of membership fees must be made in full or by direct debit before leisure club use commences.
13. You must have a padlock to use the lockers in the changing rooms. It is vitally important that you lock your locker at all times. Lockers cannot be locked overnight. This is a violation of Club facilities rules and regulations.
14. The Club’s General Fitness Evaluation (below) must be completed and signed by all Applicants in advance to using the Club facilities.

  **General Fitness Evaluation Report:**

 Does the following apply to you? Please tick Yes or No.

1. History or Family History of heart disease? Yes / No 8. Not Active for more than 5 years? Yes / No

2. High blood pressure or medicated for same? Yes / No 9. Respiratory disease? Yes / No

3. Smoking Habit? Yes / No 10. Surgery or chronic disease (last 6 m) Yes / No

4. Diabetes? Yes / No 11. Pregnancy within the (last 3 m)? Yes / No

5. High cholesterol? Yes / No 12. Back, joint or muscle disorder? Yes/ No

6. Over 40 male? Yes / No 13. Incidents of blackout or fainting? Yes /No

7. Over 50 female Yes / No 14. Taking any medication or substance? Yes/ No

Please note: (If you have ticked YES to question 9,10 and or 11 you may be required to get a GP referral note before you can join the club)

Members are requested to accept responsibility for their personal, medical and physical condition in order to take a part in Club activities including the use of the gym and gym equipment. Any assessment undertaken in the Club is for general information only with a view to given advice and should not be relied on by members that are certifying their fitness or otherwise to use the Club facilities or equipment.

The Club advises all members to consult with their doctor prior to beginning a program of physical exercise.

In activating my membership, I acknowledge I have volunteered to participate (whether I do or not in fact participate) in programs of progressing physical exercise. The possibility of certain unusual changes during exercise does exist; for example, disorders of heart beat and very rare instances of heart attack or death. To my knowledge I do not have any limiting physical condition or disability, which would preclude an exercise program. I have been and/or am hereby informed of the need to undergo a physician’s examination prior to my application of membership. I have recently undergone such as examination or have declined to so do. In declining to undergo an examination, I acknowledge that I accept complete responsibility for my health and well-being in all and any voluntary exercise fitness programs and related testing.

I hereby acknowledge and agree that I will enjoy the facilities provided at the Club entirely at my own risk and that I will not hold or endeavor to hold liable 4FIT Leisure, its agents, officers, employees or representatives for any injury, loss, damage or expense incurred by me or on my behalf or suffered by me or on my behalf arising out of the use or enjoyment of any of the facilities of the said Club, howsoever arising. I hereby confirm and accept that I shall not hold 4FIT Leisure responsible for any damage or injury howsoever or when so ever caused to me arising from or due to the negligence of 4FIT Leisure Carlingford.

I hereby apply for membership of 4FIT Leisure. I understand that my applications for admission to membership of the Club shall be made strictly subject to the Rules, Bye Laws and Regulations of the Club. Should my application be successful and I am elected a member of the Club, I hereby agree to comply with and be bound by the rules of the Club and those Conditions of Membership as set out above. I acknowledge and confirm that I fully understand the effect and importance of the above mentioned Acknowledgments and Conditions of Membership.

Applicant’s Name *(Block Capitals*): ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_