



### Personal Details:

Title:		D.O.B:	
Forename:		Surname:	
Address:			
		Post Code:	
*Mobile Number:		Home Number:	
*Email address:			
*Next of Kin/Guardian:		*Telephone Number:	M: <input type="text"/>
			H: <input type="text"/>

(\* Mandatory field)

### Staff use only:

<b>Membership Type:</b>					<b>Cost per Month:</b>	£
<b>Interim Fee:</b>	£	<b>Paid?</b>	Y	N	<b>D/D start date:</b>	/ /
<b>Membership Number:</b>					<b>Card Issued:</b>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>PARQ completed:</b>						

### Declaration

I agree to abide by the rules as published. I know of no reason that would prevent me from the safe use of equipment within the fitness suite. I hereby agree to assume and accept all risk of injury. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or illness that would prevent my participation in activities and programmes at the fitness suite. I acknowledge that I have had either a physical examination and have been given my doctors permission to participate, or that I decide to participate in any other activities and/ or use of equipment and machinery without approval of my doctor and hereby assume all responsibility for my participation in these activities. I can confirm that I am at least 15 years of age and understand that Torquay Academy cannot be held responsible for my personal property. I hereby agree to make payments as laid out above for use of the facilities. If in the event I wish to cancel my membership I agree that I will give 1 month's written notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(All members)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Junior gym members)



## Physical Activity Readiness Questionnaire

Name:		Yes	No
1. Do you have a heart condition?			
2. Do you have High Blood Pressure?			
3. Do you ever get chest pain caused by Physical Activity?			
4. Do you have a bone or joint problem that could be aggregated by exercise?			
5. Have you recently had a baby or could you be pregnant?			
6. Is there any other physical reason that you should not exercise or should be supervised?			
7. Do have diabetes Type I or Type II?			
8. Do you have any other medical problems or injuries?			
9. Have you participated in any regular exercise in the last 12 months?			
If you answered yes to the Question 8 please give more information in the box below:			
If you have answered yes to questions 1 to 8 above we advise you to see your GP before increasing your activity levels			
Signed: _____		Date: _____	
(All members)			

### Gym conditions of use:

For everybody to experience a good workout, we ask that you abide by the following rules;

- You must be over 15 years old
- Appropriate clothing and sporting footwear must be worn
- Ensure that your footwear is clean before entering
- Fill in a Physical Activity Readiness Questionnaire and complete a full Induction with a fitness instructor before your first use
- Ensure that you wipe machines after use with the spray and blue towel provided
- Dispose of your litter in the bin
- Put weights and equipment back in the correct place after use
- Be respectful to other gym users
- Please speak to the Academy Sports Centre staff if you have any suggestions to make your workout more enjoyable

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Gym user)