

ASPIRE@SOUTHFIELDS MEMBERSHIP FORM

MEMBER DETAILS – PLEASE COMPLETE ALL SECTIONS MARKED WITH AN ASTERISK (*)

First name*:	Middle name:	Last name*:
Date of birth*:	Phone*:	Email*:

Current address*:

City/town*:	Post code*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
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EMERGENCY CONTACT*

Full name*:

Address:	Phone*:
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City/town*:	Post code*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship*:

PARTNER INFORMATION (FAMILY MEMBERSHIP ONLY*)

First name:	Middle name:	Last name:
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Date of birth:	Phone:	Email:
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CHILDREN INFORMATION (FAMILY MEMBERSHIP ONLY*)

Full name:	Full name:
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Full name:	Full name:
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REFERRAL TYPE

<input type="checkbox"/> Another client	<input type="checkbox"/> Flyer	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other:	

PAYMENT DETAILS (FOR OFFICE USE ONLY)

ADULT MEMBERSHIP	<input type="checkbox"/> £50
ADULT CONCESSION MEMBERSHIP	<input type="checkbox"/> £25
FAMILY MEMBERSHIP	<input type="checkbox"/> £85
FAMILY CONCESSION MEMBERSHIP	<input type="checkbox"/> £65
CLUB MEMBERSHIP	<input type="checkbox"/> £80
STAFF MEMBERSHIP	<input type="checkbox"/> FREE
SENIOR MEMBERSHIP	<input type="checkbox"/> FREE

MEMBERSHIP CARDS (FOR OFFICE USE ONLY)

PAYMENT METHOD (FOR OFFICE USE ONLY)

CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	MODE OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> N/A
CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	SALE ID:
CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	DATE: / /
CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	TAKEN BY (INITIAL):

SIGNATURES*

I authorise the use of the information provided on this form on MindBody cloud-based software system used by Aspire@Southfields.

Signature of applicant*:	Date*:
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Signature of spouse (<i>family membership only</i>):	Date:
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HEALTH & FITNESS DISCLAIMER*

HAVE YOU EVER OR ARE YOU CURRENTLY SUFFERING FROM?		DETAILS
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bronchitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis/joint pains	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Back problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
High/low blood pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Eating disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Pregnant or given birth in last 6 months	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Physical disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you taking any medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

If you have answered YES to any of the above, we strongly advise you to seek the advice of your GP before participating in any form of physical activity. In signing this form, you affirm that you have answered all the questions accurately.

In the event that I have been advised to seek medical clearance prior to exercising, I agree to contact my GP and take responsibility for obtaining written permission prior to the commencement of my exercise. I understand that I am responsible for monitoring myself, and should any unusual symptoms occur, I will cease participation and inform my doctor of those symptoms. I understand that I must notify the tutor of any changes in my health.

I confirm that I am voluntarily participating in physical activities at Aspire@Southfields and that the Academy and its employees will not be held liable for any accident or personal injury sustained in the course of, or the resulting from the use of the Aspire facilities.

In signing this declaration, I agree that it my responsibility that I safely and comfortably follow the recommended exercise / activity programme and have been offered a fitness suite induction upon acquiring and paying my membership fees.

SIGNATURES*	
Signature of applicant*:	Date*:
Signature of spouse (<i>family membership only</i>):	Date:

FOR OFFICE USE ONLY	
DATE: / /	CHECKED BY (INITIAL):

COMMUNICATION PREFERENCES***CONSENT TO BE CONTACTED BY ASPIRE@SOUTHFIELDS**

I would like to receive the latest updates and opportunities from Aspire@Southfields on the following topics:

- News
- Campaigns
- Fundraising
- Courses / classes
- Events
- Training / Conferences
- Research
- Jobs and volunteering

If you no longer wish to receive any updates from Aspire@Southfields, please check the box below ONLY:

- Unsubscribe me from all future updates

FORMAT OF COMMUNICATION Email Post Telephone SMS**SIGNATURES***

Signature of applicant*:

Date*:

Signature of spouse (*family membership only*):

Date:

FOR OFFICE USE ONLY

DATE: / /

CHECKED BY (INITIAL):