

Office Use Only:

Season Ticket Number:

Card Issued By:

Date Card Issued:

Start Date:

Induction Fee Paid: Yes/No

Casual User - PayGo Application Form

Name: _____ Surname: _____ Title: _____ DOB: _____

Address: _____

Postcode: _____

Email: _____

Home Number: _____ Mobile Number: _____

Induction Date: _____ PayGo Start Date: _____

Moretonhampstead Sports and Community Centre Ltd and the above PayGo Ticket Holder agree to the following condition throughout the agreed period.

- 1. In return of the above casual user paying the induction fee of £10.00 plus the session fee which is payable each time the gym facilities are used. Moretonhampstead Sports and Community Centre will provide safe use of the fitness suite and the equipment installed.***
- 2. The induction fee due shall be payable upon signing this agreement.***
- 3. The terms of casual user (PayGo) ticket shall be valid for 12 months initially.***
- 4. The PayGo Ticket holder agrees to abide by gym etiquette, Moretonhampstead Sports and Community Centre Management reserves the right to withdraw the casual user use of the gym for breach of Moretonhampstead Sports and Community Centre policies after receiving due warning.***

PayGo Users Signature: _____ Date: _____

Gym Instructor Signature: _____ Date: _____

**Please take a few moments to answer the following questions –
This will help us improve the activities and services that we provide**

How did you hear about MSACC Ltd: _____

What activities are you mostly interested in? _____

What services/activities would you like us to provide? _____

What do you hope to gain from using the gym? _____

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Season Ticket Number:

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Start Date:

Renewal Date:

Annual Payment/Monthly S/O

Season Ticket - Application Form

Name: _____ Surname: _____ Title: _____ DOB: _____

Address: _____

Postcode: _____

Email: _____

Home Number: _____ Mobile Number: _____

Type of Season Ticket: Please tick which season ticket you are applying for:

Adult:

Joint:

Senior (60+):

Junior (16-18):

Joint Season Ticket: If apply please complete this section

Name: _____ Surname: _____ Title: _____ DOB: _____

Address: _____

Postcode: _____

Email: _____

Home Number: _____ Mobile Number: _____

Please tick this box if you do not wish to receive information about the facilities and activities including special offers and newsletters etc.

Declaration: Please sign to confirm that all details are correct and that you have read and understood the terms and conditions overleaf.

Applicants Signature: _____ Date: _____

Second Signature (Joint): _____ Date: _____

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this will help us improve the activities and services that we provide**

How did you hear about MSACC Ltd: _____

What activities are you mostly interested in? _____

What services/activities would you like us to provide? _____

What do you hope to gain from using the gym? _____

Terms and Conditions

All members must abide by these rules otherwise membership may be withdrawn. MSACC Ltd reserves the right to change these from time to time in which cases notices will be displayed throughout the building.

Membership

1. Every member will receive a membership card which must be shown at reception on every visit. Replacement cards are available by request. The membership card remains the property of Moretonhampstead Sport and Community Centre.
2. The membership card is not transferable and must only be used by the registered member. Any misuse of the membership card will result in the membership being cancelled.
3. The membership card entitles the user to the benefits associated with the membership level purchased.
4. The management of MSACC reserves the right to cancel any membership in breach of rules or conduct which in the view of the management of MSACC is offensive to customers and / or staff or represents a health and safety danger.
5. Should you need to freeze your membership for a certain period, this may be considered at the discretion of the management of MSACC
6. Children under the age of 16 years are not permitted access to the gym.
7. All users must have received a full induction into the use of the equipment prior to using the facilities. Records of these will be kept on site.
8. All users should dress appropriately at all times, which must include shirts / vests and appropriate footwear that are free of mud and stones.
10. Members are advised to bring a sweat towel and a water bottle to ensure sufficient fluid is consumed.
11. Members must wipe down machines after use with spray and tissue provided.

Lost Property

12. All lost property is kept for a period of 6 weeks before being disposed of.

Health and Safety

13. All customers must inform staff of any medical condition which may affect their use of the facilities.
14. Whilst using the facilities all members are responsible for their own health.
15. No pets are allowed into the facilities with the exception of Guide Dogs.

Lockers

16. Lockers should be used for the storage of personal items at all times. MSACC Ltd is not liable for the loss or theft of any personal belongings. For security reasons and for the benefit of all members, all lockers must be emptied at the end of each session.

17. No bags or belongings other than a drinks bottle and a towel can be taken in to the gym, please use the lockers available, this also avoids healthy and safety hazards around the gym.

Opening Hours – General

18. MSACC will be closed for all Bank Holidays. Any additional days where the centre will be closed will be displayed on the Notice board.

Miscellaneous

19. Cars must be parked correctly in the car park paying due attention to priority spaces for disabled users. No liability is accepted for loss or damage to cars or property; they are left solely at the owner’s risk.

Cancellation of Membership

20. Single Payment membership is a one off payment and as such cannot be cancelled once purchased.

21. Memberships on a Standing Order are paid monthly and can be cancelled with one month’s written notice.

22. Membership cards must be returned to MSACC when your notice is given.

Please sign to confirm you have read, understood and agree to these terms and conditions.

Centre Signature..... **Date**.....

Member Signature..... **Date**.....

Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q has been designed to identify if you may need medical advice before starting to exercise.
Please answer honestly, and if you have questions please ask Duncan.

Full Name:	Telephone No:
Address:	D.O.B:
	Emergency Contact & Number:

		Y	N	If 'Y' please give details:
1.	Has your doctor ever said that you have a heart condition and that the physical exercise should only be recommended by your doctor?			
2.	Do you feel pain in your chest when you exercise?			
3.	Do you ever feel faint, have severe spells of dizziness or lose consciousness?			
4.	Do you have any joint or muscular injury that may be aggravated during exercise?			
5.	Do you have a back problem?			
6.	Are you currently on medication?			
7.	Are you pregnant or have been pregnant in the past three months?			
8.	Do you have a high blood pressure?			
9.	Do you have any other injuries or illnesses?			
10.	Do you know of any other reasons why you should not participate in a programme of physical activity?			
11.	Do you smoke? If yes how many per day?			

What are your main reasons for starting a fitness programme?

(Please circle all which apply to you)

General condition	Weight/Fat loss	Stress Management
Flexibility	Muscular Strength	Aerobic Fitness
Flexibility	Improve self esteem	Disease prevention

What are your goals? _____

On a score of 1-10 how fit are you at present? _____

What exercise do you enjoy the most? _____

What exercise do you enjoy the least? _____

I understand that if I have answered 'Yes' to one or more questions, I must have the consent of my doctor before undertaking a physical activity programme.

Signature: _____ Date: _____

Instructor Signature: _____ Date: _____



Moretonhampstead Sports and Community Centre Limited

King George V Playing Fields

North Bovey Road

Moretonhampstead

Devon, TQ13 8NZ

Standing Order

Please note that it is your responsibility to cancel this standing order with your bank if you wish to cancel your membership.

Name on Bank Account: (Your name as it appears on the account).	
Bank: (Name of the bank).	
Sort Code:	
Account Number:	
Full Bank Address:	
Recipient Bank:	<i>Moretonhampstead Sports and Community Centre Ltd The Co-operative Bank Plc Blaise Pascal House 100 Pavilion Drive Brackmills, Northampton NN4 7WZ</i>
Recipient Sort Code:	<i>08-92-99</i>
Recipient Account No:	<i>6566 1442</i>
Payment in Words:	
Monthly Payment: (Yes or No)	
Day In Month: (One month on from start date)	
Start Date: (One month on from start date)	
Payment Reference: (Please put name)	

Name _____

Bank Account Holders Signature: _____ Date: _____