

M.F.A. Health & Leisure Centre Form No:

Surname: Name: Title:.....

Occupation: DOB: Sex:

Address:.....

Health Conditions: Yes/ No (See overleaf). Email:.....

Tel#1: Tel#2: Mob:

In Case of Accident contact: On Tel No:

In Case of Couple Membership (Household Only)

Surname: Name: Title:

Occupation: DOB: Sex:

Tel#1:..... Tel#2: Mob:

Health Conditions: Yes/No (See overleaf). Email:.....

In Case of Accident contact: On Tel No:

CONDITIONS OF MEMBERSHIP

Membership is non-transferable and fees are not refundable.
Members must register at the reception Desk before using any of the facilities.
Adequate gym wear must be worn and towels must be used when using the gym.
Shaving is not allowed in the sauna and a shower must be taken before entering the Jacuzzi.
Weights, dumbbells, bars & accessories must be put in place after use.
Any person that is found willfully damaging any property or part of a property will be charged with the expenses and excluded from further use of the facilities.
Members are expected to conduct themselves in an appropriate manner and respect their fellow members.
Members accept to exercise at their own risk. Management is not liable for any injuries caused/incurred through negligent use of the equipment nor any injuries caused by members to each other.
No food or drink (except mineral water & sports drinks) may be taken inside the facilities. Smoking is prohibited.
Members will not be allowed to use the facilities if they are under the influence of alcohol, narcotics or any banned substance.
Management cannot be held responsible for any personal belongings within the premises.
Persons under the age of 16 will only be allowed to use the centre under the sole responsibility of their parents/legal guardians.
Management reserves the right to alter/add any other conditions as it deems fit without notice.
All members should conform to the Rules and Regulations as directed by Management.
Management reserves the right to terminate membership if members do not abide by the rules and regulations of the fitness centre.
Your Data will be kept on a database for Management Membership purposes.

Signature #1: Signature #2:

ID Card No: ID Card No:

Gym Manager:

For Office Use: Type of Membership: Payment:

Period of Membership: From: To:

Physical Activity Readiness Questionnaire

If you are planning to take part in physical activity or an exercise class and you are new to exercise, start by answering the questions below. The questionnaire will tell you if you should check with your doctor before you start. If you are over 40 years of age, and you are not used to being very active, check with your doctor. Your instructor will treat all information confidentially.

Please tick as appropriate:

Do you suffer from?

Diabetes Blood Pressure Asthma Cardiac Epilepsy

Back Pain Hip Pain Knee Pain Blackouts Injuries

Any other condition:

If you have answered YES to one or more:

Talk to your doctor before you start becoming more physically active. Tell your doctor about the Questionnaire and which questions you answered YES to. You may be able to do any activity you want – as long as you start slowly and build up gradually, or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activity you wish to participate and follow his/her advise.

If you have answered No to all questions:

You may be reasonably sure that you can start to become more physically active and take part in a suitable Exercise Programme. Remember – begin slowly and build up gradually.

PLEASE NOTE: If your health changes so that subsequently you answer YES to any of the above questions, inform your fitness instructor and doctor immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of a temporary illness such as flu or cold – wait until you are better.

**I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE.
ALL QUESTIONS HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE.**

Do you accept to receive mail correspondence/tel calls (in relation to the Health & Leisure Centre) at the above mentioned address/telephone nos:

Signature #1 Signature #2:

Gym Manager Date: