 NAIRN SPORTS CLUB

|  |
| --- |
| **MEMBERSHIP APPLICATION FORM** |
| Subscriptions can be paid monthly or in full for the year. Your joining fee **incorporates**  £5.00 for a swipe card **(16+ only)** which ensures access to the club during unsupervised hours. Please complete and return form with remittance in cash or cheque made payable to **‘Nairn Sports Club’**. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name(s)** |  | **Surname** |  |

|  |  |
| --- | --- |
| **Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Postcode** |  | **Home Telephone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **E Mail** |  | **Mobile** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth** |  | **Age** |  |

|  |
| --- |
|  **Additional Members** *(As Applicable)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  | **Age** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  | **Age** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  | **Age** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  | **Age** |  |

|  |
| --- |
| **Payment Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Type** |  | **Start Date** |  |

|  |  |
| --- | --- |
| **Joining Fee** | **£** |

|  |  |
| --- | --- |
| **Monthly Fee** | **£** |

|  |  |
| --- | --- |
| **Annual Payment** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**---------------------------------------------------------Staff Use Only------------------------------------------------------**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Card/Member Number** | **1** |  | **3** |  |
| **2** |  | **4** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Photo Taken** |  | **Receipt Issued** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Induction Booked** |  | **Date Processed** |  |
| **If no induction, additional disclaimer sheet to be signed : Signature Date:** |
| **NAIRN SPORTS CLUB**  |

|  |
| --- |
| **NEW MEMBER INDUCTION QUESTIONAIRE AND DISCLAIMER** |

*If you are planning to undertake any form of fitness regime and you are new to exercise, please start by answering the questions below. If you are between the ages of 16 and 69 the questionnaire will tell you if you should consult with your Doctor prior to starting. If you are over 69 years of age, please consult with your Doctor prior to beginning.*

***Once completed, all information provided will be treated and held confidentially****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SER** | **QUESTION** | **YES** | **NO** | **REMARKS** |
| ***(a)*** | ***(b)*** | ***(c)*** | ***(d)*** | ***(e)*** |
| **1.** | ***Has your Doctor ever stated that you have a heart condition and that you should only follow a fitness regime recommended by a Doctor?*** | ***Yes*** | ***No*** |  |
| **2.** | ***Have you ever felt pain in your chest when you undertake a fitness regime?*** | ***Yes*** | ***No*** |  |
| **3.** | ***Have you ever experienced chest pain at any other time?*** | ***Yes*** | ***No*** |  |
| **4.** | ***Do you have a joint problem that could be exacerbated by exercise?*** | ***Yes*** | ***No*** |  |
| **5.** | ***Have you ever been diagnosed as having high blood pressure, asthma, dizzy spells or diabetes?*** | ***Yes*** | ***No*** |  |
| **6.** | ***Are you pregnant or have you had a baby in the last 6 months?*** | ***Yes*** | ***No*** | ***N/A*** |
| **7.** | ***Are you currently taking any medication, which I should be made aware of? If so, what?*** | ***Yes*** | ***No*** |  |
| **8.** | ***Is there any other reason including previous injuries or medical history, why you should not participate in a fitness regime? If so, what?*** | ***Yes*** | ***No*** |  |

|  |
| --- |
| **If you have answered yes to one or more questions:** Consult your Doctor before you begin a fitness regime. Inform your Doctor about this questionnaire and which question(s) you have answered **yes** to and follow their advice with regard to the kind of fitness regime you will subsequently be able to undertake. |

|  |
| --- |
| **If you have answered no to all of the questions:** **You can be reasonably sure that you can start a fitness regime**.  |

|  |
| --- |
| **Health Warning:** If your health changes so that you would subsequently answer **yes** to any of the above listed questions, you must inform the NSC staff immediately. **Please note if you fail to inform the NSC staff in sufficient time of any changes to your health or general well being, which could be exacerbated by physical exercise NSC and its employees cannot therefore be held legally responsible for any subsequent injuries or illness sustained or any further deterioration in your condition through a led exercise classes and/or fitness plan.** |

|  |
| --- |
| **Certification: I certify that I have read, understood and completed this statement and that all questions have been answered honestly and to the best of my knowledge.****\*Please be assured that all information provided will be treated in a strictly confidential manner** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Full Name:*** |  | ***Signature:*** |  |
| ***Home Address:*** |  | ***Date:*** |  |
| ***Emergency Contact name:*** |  |
| ***Relationship:*** |  |
| ***Postcode:*** |  | ***Home Contact number:*** |  |
| ***Home Telephone:*** |  | ***Mobile contact number:*** |  |
| ***Mobile:*** |  | ***Back up Emergency contact name:*** |  |
| ***E Mail:*** |  | ***Mobile contact number:*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Instructors Name:*** |  | ***Signature:*** |  | ***Date:*** |  |

|  |
| --- |
| **NEW MEMBER INDUCTION QUESTIONAIRE AND DISCLAIMER** **CONTINUATION SHEET** |
| **SER** | **EQUIPMENT TYPE** | **REMARKS** |
| ***(a)*** | ***(b)*** | ***(c)*** |

|  |  |  |
| --- | --- | --- |
| **1.** | ***Cardio Equipment*** |  |

|  |  |  |
| --- | --- | --- |
| **2.** | ***Abdominal Equipment & Power Plate*** |  |

|  |  |  |
| --- | --- | --- |
| **3.** | ***Free Weights*** |  |

|  |  |  |
| --- | --- | --- |
| **4.** | ***Fixed Weights and Machines*** |  |

|  |  |  |
| --- | --- | --- |
| **5.** | ***All Gym Equipment*** |  |

|  |  |  |
| --- | --- | --- |
| **6.** | ***New & Upgraded Equipment*** | *As part of its overall improvement plan the club is continually striving to improve and enhance all of its held equipment. If during the course of your membership you encounter any of this equipment and are unsure how to use it, please contact a member of the duty staff immediately. If you fail to carryout these actions; you use the equipment entirely at your own risk and are also liable for any damaged caused to the equipment through misuse or neglect.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Members Name:*** |  | ***Signature:*** |  | ***Date:*** |  |



NAIRN SPORTS CLUB

**MEMBERSHIP TERMS & CONDITIONS**

**1.** By becoming a member of Nairn Sports Club (NSC) you agree to abide by all the terms and conditions, rules and regulations stated in this document. If at any time you breach these terms, the club reserve the right to terminate your membership at any time without refund in part or full.

**2.** As a member of NSC you must present either a membership card or photographic ID on every visit prior to admission. Without proof of membership we have the right to refuse you access into the facility.

**3.** NSC reserves the right to add or remove any activities from the programme of activities or fitness classes, at any time.

**4.** NSC reserves the right to review prices at any time. The member will then be given a minimum of 28 days notice. They will then have the right to terminate their Direct Debit, failing which the member will be deemed to have agreed to the increase and their standing order must be altered accordingly.

**5.** The applicant will notify a member of staff at NSC of any change to health or physical ability during their membership with the club.

**6.** In the interest of health and safety we have the right to refuse any member from admission if we feel that the member may be intoxicated with either drugs or alcohol.

**7.** For health and safety reasons nobody under the age of 14 are permitted to use the fitness room or take part in any of our fitness classes.

**8.** Members take part in any activities at their own risk.

**9.** As a member of NSC you agree to abide by the ground rules as set out by the club.

**10.** As a member of NSC you agree to abide to the club gym rules as set out by the club. This is to ensure the safety of all users.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Members Name:*** |  | ***Signature:*** |  | ***Date:*** |  |



NAIRN SPORTS CLUB

**MEMBERSHIP CATEGORIES & FEES**

**DIRECT DEBIT PAYMENTS ARE COLLECTED ON THE 1ST OF THE MONTH**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **MONTHLY FEE** | **ANNUAL FEE** | **REMARKS** |
| **FAMILY** | **45.20** | 542.40 | Family |
| **ADULT** | **28.77** | 345.24 | 19 and over |
| **SENIOR CITIZEN** | **17.92** | 215.04 | 65 and over  |
| **YOUTH**  | **15.58** | 186.96 | 16 to 18  |
| **SECONDARY** | **6.28** | 75.36 | 12 to 15  |
| **PRIMARY** | **4.00** | 48.00 | 11 and under |

**NEW MEMBERS JOINING FEE**

|  |  |  |
| --- | --- | --- |
| **TYPE** | **JOINING FEE** | **REMARKS** |
| **FAMILY** | **£30.00\*** | ***\*****£30.00 for first adult and £15.00 for each additional adult or youth* *£10 for 14 –15 years**£5 < 13 years* |
| **ADULT** | **£30.00** | *Incorporates Key Fob* |
| **SENIOR CITIZEN** | **£20.00** | *Incorporates Key Fob* |
| **YOUTH**  | **£15.00** | *Incorporates Key Fob* |
| **SECONDARY** | **£5.00 12-13yrs****£10.00 14yrs+** | *14 years £10 incorporates Kay Fob* |
| **PRIMARY** | **£5.00** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  Instruction to your bank or building society to pay by Direct Debit |  |  |
| **Please fill in the whole form including official use box using a ball point pen and send it to:** |  | **Service user number** |
| Nairn Sports ClubViewfield Drive NairnIV12 4BF |  | **3** | **8** | **8** | **5** | **8** | **4** |  |  |  |
|  |  |
|  |  |
|  | FOR (Nairn Sports Club ) OFFICIAL USE ONLYThis is not part of the instruction to your bank or building society.NameCategoryAmount |
|  |
|  |
|  |
| **Name(s) of account holder(s)** |  |
|  |  |
|  |  |
| **Bank/building society account number** |  |
|  |  |  |  |  |  |  |  |  |  |
| **Branch sort code** |  | **Instruction to your bank or building society**Please pay (Nairn Sports Club) Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with (Nairn Sports Club) and, if so, details will be passed electronically to my bank/building society. |
|  |  |  |  |  |  |  |  |  |  |
| **Name and full postal address of your bank or building society** |  |
| To: The Manager | Bank/building society |  |
|  |  |
| Address |  | Signature(s) |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Postcode |  | Date |
|  |  |  |
| **Reference** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Banks and building societies may not accept Direct Debit Instructions for some types of account |

This guarantee should be detached and retained by the payer.

|  |
| --- |
| DdlogolTheDirect DebitGuarantee |
| * This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
 |
| * If there are any changes to the amount, date or frequency of your Direct Debit (Nairn Sports Club) will notify you (10) working days in advance of your account being debited or as otherwise agreed. If you request (Nairn Sports Club) to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
 |
| * If an error is made in the payment of your Direct Debit, by (Nairn Sports Club) or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society

– If you receive a refund you are not entitled to, you must pay it back when (Nairn Sports Club) asks you to |
| * You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.
 |
|  |