



Membership Pack

Cricklade Leisure Centre
Stones Lane, Cricklade
Swindon, Wiltshire
SN6 6JW

Charity No.: 1125605

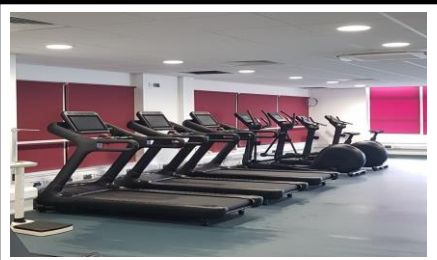
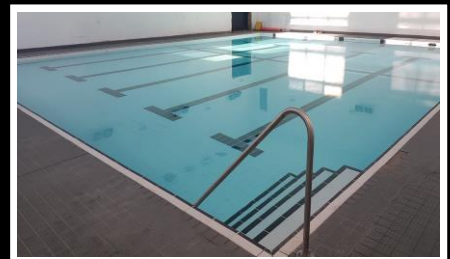
Phone: 01793 750011

Website: www.crickladeleisure.co.uk

Email: admin@crickladeleisure.co.uk

Twitter: @crickladelc

Facebook: Cricklade Leisure Centre



Cricklade Leisure Centre Membership Application Form



Bronze Pool Membership
****Unlimited Swimming**
****10% Off Gym, Classes, Court Hire and Courses**

Type	D/D	PAYG
Pool Single	£18.00	£23.00
Pool Single Concession	£13.00	£18.00
Pool Couple	£30.00	£35.00
Pool Couple Concession	£24.00	£29.00
Pool Family	£36.00	£41.00
Pool Additional Child	£10.00	

Silver Gym Membership
****Unlimited Gym**
****25% Off Swimming, Classes, Court Hire and Courses**

Type	D/D	PAYG
Gym Single	£26.00	£31.00
Gym Single Concession	£22.00	£27.00
Gym Couple	£48.00	£53.00
Gym Couple Concession	£40.00	£45.00
Gym Family	£68.00	£73.00
Gym Additional Child	£15.00	

Gold Combined Membership
****Unlimited Swimming, Gym and Classes**
****50% Off Court Hire and Courses**

Type	D/D	PAYG
Combined Single	£35.00	£40.00
Combined Single Concession	£30.00	£35.00
Combined Couple	£68.00	£73.00
Combined Couple Concession	£50.00	£55.00
Combined Family	£82.00	£87.00
Combined Additional Child	£20.00	

Please circle the appropriate membership

Names and ages of people that the membership will apply to in BLOCK CAPITALS

No.	Full Name	DOB
1 (Adult 18+)		
2 (Adult 18+)		
3 (Child)		
4 (Child)		
5 (Additional Child)		
6 (Additional Child)		

Address

Telephone Number(s)

Email(s)

Member 1 to sign and date below to confirm agreement to terms and conditions of Membership. If under 16 to be signed by parent/guardian

Signature

Date

Data Protection: As a member, we will treat all personal data we hold about you as private and confidential. Your details will be stored on computer, only used by C&DCA and not shared with anyone else. The information will be used to process and administer your membership, and also to keep you informed about services and events at the centre. If you would prefer us NOT to contact you about services and events, please tick this box

To Terminate membership, customers must cancel their own direct debit or standing order.

Cricklade Leisure Centre

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:

Cricklade Leisure Centre
Stones Lane
Cricklade
Wiltshire
SN6 6JW

Name(s) of Account Holder(s)

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service User Number

4	5	2	3	4	9
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FOR PSL re Cricklade Leisure Centre OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
Important – Please complete these details:

Account Holder(s) Name & Address:

Name:
Address:
Postcode:
Email Address:

Instruction to your bank or building society

Please pay PSL re Cricklade Leisure Centre 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 PSL re Cricklade Leisure Centre and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

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

**The
Direct Debit
Guarantee**

- 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 PSL re Cricklade Leisure Centre will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request PSL re Cricklade Leisure Centre 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 PSL re Cricklade Leisure Centre 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 PSL re Cricklade Leisure Centre 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.



Physical Activity Readiness Questionnaire (PAR Q)

Regular physical activity is fun and healthy, and the number of people becoming more active each day is increasing. Being active is safe for most people however, there are those who should check with their doctor before participating in exercise.

Sensitive Health Data

We collect any personal health data you provide to us when registering and signing up for our leisure activities. We collect this information to ensure we are offering you the right services and so your progress can be tracked by you and ourselves. We ask you for information about your health in order to recommend appropriate exercise regimes and offer any other services that may be applicable.

Removing your Data

We retain your information as long as it is necessary however if you no longer use our services and wish for us to delete your personal data we will do this if there is no legal or statutory regulation requiring us to keep it. Please email us at:- admin@crickladeleisure.co.uk

Sharing of Personal Data

We will only share this information with the Staff at the centre and if necessary with medical professionals if intervention is required.

PLEASE TICK THE BOX TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE

Personal Details

Client Name: _____ DoB: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Reasons for Physical Activity (tick any that apply)

General conditioning	<input type="checkbox"/>	Muscular strength	<input type="checkbox"/>	Appearance	<input type="checkbox"/>
Weight/fat loss	<input type="checkbox"/>	Aerobic Fitness	<input type="checkbox"/>	Improve self-esteem	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	Other	<input type="checkbox"/>

How would you describe your general health and fitness?

Poor Below average Average Above average Excellent

Lifestyle

Do you drink alcohol? Yes/No

If you answered 'Yes', how many units per week? _____

Do you smoke? Yes/No

If you answered 'Yes', how many per day? _____

Medical History

Have you had a major illness or injury in the last 5 years? Yes/No

Are you receiving treatment for any diagnosed medical conditions? Yes/No

Are you taking any prescription medication? Yes/No

Do you ever get unusually short breath with light exertion? Yes/No

Do you ever have pain, pressure, heaviness or tightness in the chest area? Yes/No

Do you regularly have unexplained pain in the abdomen, shoulders or arm? Yes/No

Do you ever have severe dizzy spells or episodes of fainting? Yes/No

Do you regularly get lower leg pain during walking? Yes/No

Do you ever experience palpitations or irregular heartbeats? Yes/No

Are you currently pregnant or have you given birth in the last 6 months? Yes/No

If you answered 'Yes' to any of the above please give details _____

I can confirm that I have answered all questions honestly and that the information I have given is correct to the best of my knowledge where I have ticked YES I have checked with a health care professional, and I am happy to exercise at my own risk. If my health condition changes I will seek permission to exercise from my GP

Signature: _____

Print Name: _____

Date: _____ Admin Signature: _____



Disclaimer for Gym Users: Single/Couple/Family/Concession

I _____ sign to verify that I fully understand the workings of all the gym equipment at Cricklade Leisure Centre. I am fully experienced in the usage of the equipment, should I feel in anyway unsure I would seek assistance from experienced staff at the centre.

Customer Signature _____

Address _____

Contact Number _____



Disclaimer for young gym users (Age 12-16)

I _____ sign to take full responsibility of the actions of _____ whilst using the gym. I understand that the young person is restricted to use cardiovascular machines only. I am aware that the child must be under my supervision at all times.

Customer Signature: _____

Date: _____