



New Membership Application Form: Non Staff

Thank you for choosing to join Mission Fitness! Please fill in the details below in order to complete your membership.

Your name.....Your gender.....Your age.....

Your full postal address.....

Email Address.....Phone Number.....

Please read and sign below:

- **CASH PAYMENTS:** The cost of membership is £25 for one person, £45 for two people or £60.00 per month for three people.
- **STANDING ORDER PAYMENTS:** Special discounted rate of £20 per month for one person, £35 per month for two people or £50 per month for three people.
- All membership fees are required to be paid one month in advance, on the 1st of each month. This includes multiple membership payments. We accept cash, cheques and standing orders. Cheques should be made payable to Mission Fitness Ltd.
- The minimum membership period is 6 calendar months. Refunds are not permitted if you wish to resign your membership. To cancel a Standing Order membership you must contact your bank directly once you have cancellation confirmation from us. All cancellations must be made in writing to the gym manager, Mark Kinder, on the address details below or via email to: missionfitness@btconnect.com

How many new members are signing up today:Total Monthly Cost:.....

How are you paying? Cash / Standing Order

If paying by Standing Order, have you filled in the form?

Signed (New Member).....Date.....

Safety Agreement

I acknowledge there are risks and dangers inherent in physical exercise and I agree to make no claims against Mission Fitness, or any employee thereof, arising out of participation by me in any programme of physical exercise at Mission Fitness.

I agree to abide by any verbal or written instruction given to me by the fitness staff and observe all written notice regarding safety whilst using the facilities.

I declare that to the best of my knowledge the information is correct and I know of no reason why I should not take part in any exercise programme. I will notify Mission Fitness of changes to my medical condition.

Print Name.....

Signed..... Date.....

PTO

Medical Consultation Form

You should notify the fitness staff of any existing medical condition(s) affecting your ability to participate in physical exercise and any changes in medical condition(s) which may occur later, after commencing your exercise programme

We recommend that members who are suffering from any such medical condition or who are unused to physical exercise should first consult their doctor before starting an exercise programme.

Induction

Do you require an induction? Yes / No **If yes, when is suitable for you:**.....

Confirmation of induction date:.....**Signed (Mission Fitness Ltd):**.....

Your Medical Consultation Questionnaire

For Health & Safety purposes, we need you to answer the following set of questions before your new membership with Mission Fitness Ltd is finalised. For your own safety in the gym, please answer all questions honestly. Please note that if you have answered yes to any questions we require you to consult with your doctor before beginning any exercise programme with us. Your answers will remain confidential.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you smoke? | Yes | No |
| 2. Do you suffer from headaches, dizzy or fainting spells or fits? | Yes | No |
| 3. Do you suffer from high blood pressure? | Yes | No |
| 4. Are you troubled by any joint, back pain or arthritis? | Yes | No |
| 5. Are you recovering from any illness or operation? | Yes | No |
| 6. Have you ever suffered from heart disease or chest pain? | Yes | No |
| 7. Are you taking any medication that may affect you during exercise?
For example, beta blockers, diuretics, etc | Yes | No |
| 8. Are you Asthmatic, Diabetic or Epileptic? | Yes | No |

If yes, please state.....

9. **Do you have others condition which may affect you during exercise?** Yes No

If yes, please state.....

10. **Is there any additional information that may help us?**.....

Signed (New Member)..... **Date:**.....