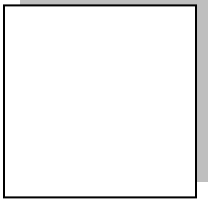


Memb No



MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

Title Date of Birth

First Name Last Name

Home Address

Town

County Postcode

Contact Numbers:

Home

Mobile

Email Address (home e mail where possible).....

Work Place PAYROLL form attached Y/N

How can we contact you? Please tick all that apply

Email Phone Mail SMS **No contact please**

If you allowed us above to contact you, which topics you would like to be contacted?

Activities Classes General Marketing

How did you hear about us? (Please circle or underline)

Trust Induction / Work Colleague / Current Member / Website / Intranet / Other_____

I confirm that I am eligible for membership by being employed by one of the NHS Trusts or organisations affiliated to the Club; I understand that I must undergo an introduction session as part of this agreement to abide by the 52 Club Rules and Membership Terms and Conditions. I'm aware my data is protected by the Protection Data Act Law 2018. The 52Club privacy statement is available to read at the reception or via email by request.

Signature of Applicant.....Date.....

For Office Use Only

Card No:

Membership NumberMembership Type (+).....

Date Joined Amount Paid

Pay method (circle) Cash/Card/Cheque

Please circle: MALE FEMALE

If payroll- which sort:

UCLH / UCL / INTERSERVE / **GOSH** / GOSHCC / LSHTM / RROL / CNWL / RADA

Other _____

Payroll Form attached Y/N

Checked & Processed By.....

Evidence Provided ID Badge

Payslip

Other

Specify.....

Medical Questionnaire

The 52 Club values the health and safety of its members with the utmost importance. For this reason it is important that we assess your current level of health prior to you undertaking any form of exercise. The following questions are designed to identify those persons who should obtain medical advice before embarking on any exercise programme.

	YES	NO
<i>Has your doctor ever advised you against exercise?*</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you ever suffered from a heart condition, chest pains or a tightness of the chest?*</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you ever suffered from high blood pressure?*</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you know that you have raised cholesterol levels?*</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you have low blood pressure, often feel faint or have dizzy spells?*</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of coronary heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any bone or joint problems, which could be aggravated by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer with any chest problems i.e. asthma, bronchitis, emphysema?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or have you recently had a baby?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other circumstances that may affect your ability to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's notes may be requested.* Questions subject to medical referral*

If you have answered YES to any of the questions above please provide details below:

.....

.....

.....

.....

.....

.....

.....

.....

.....

You must inform us of any change to your medical condition.

Who would you like us to contact in case of emergencies?

Name

Relationship

Home Number

Work Number

Mobile

I herewith state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities which may include aerobic exercises, resistance exercises and stretching. I realise that my participation in these activities involve a risk of injury and even the possibility of death. Furthermore I herewith confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me.

Signature of Applicant.....Date.....

Gym Staff Signature – Intro_____