

MEMBERSHIP APPLICATION



Membership Category	Cost (per Year)	Please Tick
Personal Membership	£5.00	
Corporate/Hirer	£20.00	

Welcome to The Dormston Centre.

Before the use of any facility is permitted all visitors are required to complete a Membership Application

Title	
Forenames	
Surname	
Date of Birth	

House Number and Street	
Locality	
Town	
County	
Postcode	

Email Address	
Telephone Number	
Mobile Number	

Emergency Contact	
Telephone Number	
Mobile Number	
Email Address	

Please note: wherever possible all correspondence will be via email

In order for us to have as much information as possible to provide you with safe fitness classes/exercise could you please complete to questionnaire overleaf

<i>Signed Staff</i>	
<i>Date</i>	
<i>Membership Number</i>	

*The Dormston Centre, Mill Bank, Sedgley, Dudley, DY3 1SN. 01384 816388/9
email - admin@dormston.dudley.sch.uk – www.thedormstoncentre.co.uk*

MEMBERSHIP APPLICATION



Informed Consent for Exercise Participation

We want to ensure that your exercise and fitness classes are as safe as possible and would ask that you complete the following questionnaire.

		YES/NO
1	Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?	
2	Do you have chest pain brought on by physical activity or do you suffer from chest pain?	
3	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	
4	Do you lose consciousness, or lose your balance as a result of dizziness?	
5	Are you currently on any form of medication (e.g. tablets, inhaler)? <i>If Yes please list the medication in the comments area</i>	
6	Do you suffer with high or low blood pressure?	
7	Are you pregnant, or have you been pregnant in the past three months?	
8	Are you aware, through your own experience or a doctor's advice, of any other reason for not exercising without medical approval?	
9	Do you have a medical condition that could affect your ability to take part in the activities (e.g. epilepsy, diabetes, arthritis etc)	

I UNDERSTAND THAT IF I ANSWERED YES TO ONE OR MORE OF THE ABOVE QUESTIONS, I SHOULD HAVE THE CONSENT OF MY DOCTOR BEFORE UNDERTAKING ANY PHYSICL ACTIVITY PROGRAMME

Doctor/Heath Officials' comments

Consent Statement

I certify that I have answered the above questions correctly and to the best of my knowledge am free from any medical conditions which may be aggravated by physical exertion.

I agree that I will inform a member of staff of any change in my medical circumstances as soon as is reasonably possible.

Signed (Parent Signature required for Child)

Date