



MEMBERSHIP APPLICATION

Membership Category	Please Tick	Cost (per year)
Adult Membership		£5.00
Junior Membership		£1.00
Student Membership		£1.00
OAP Membership		£1.00
Non Member		No Charge
Corporate Member/ Hirer Member		£20.00

Welcome to The Dormston Centre.

**Before use of any area is permitted all visitors are required to complete a Membership Application.
 Upon completion of this application members will be issued with a card.
 You will be required to present this card upon each visit to The Centre**

Title:	
Forenames:	
Surname:	
Birth Date:	

House Number & Street:	
Locality:	
Town:	
County:	
Post Code:	

Email Address:			
Telephone No:		Mobile No:	
Emergency Contact Name:			
Emergency Contact Number:			

In order for us to have as much information as possible to provide you with safe exercise / fitness classes. Could you please complete the physical activity questionnaire overleaf?

Membership Number	Processed by:
Date:	Date Completed On Scuba:

Informed Consent for exercise participation:

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

Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?	Yes	No
Do you have chest pain brought on by physical activity or do you suffer from chest pain?	Yes	No
Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	Yes	No
Do you lose consciousness, or lose your balance as a result of dizziness?	Yes	No
Are you currently on any form of medication (e.g. tablets, inhaler)?	Yes	No
Do you suffer with high or low blood pressure?	Yes	No
Are you pregnant, or have you been pregnant in the past three months?	Yes	No
Are you aware, through your own experience or a doctor's advice, of any other reason for not exercising without medical approval?	Yes	No

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 a physical activity programme.

Doctor/Health 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 confirm that I will immediately advise a member of staff of any change in my medical circumstances.

If at any time any of the above information changes I agree to inform you as soon as is reasonably possible.

Signed **Date**

(parent signature required for child member)

DATA PROTECTION Personal data supplied will be held on secure files and processed in accordance with the requirements of the Data Protection Act 1998