

Fitness Centre Membership Form

Student **Staff**

Title (please circle): Mr Mrs Miss Ms Other

Forename(s):.....

Surname:.....

Student/Staff Number:..... Date of Birth:.....

Address:.....

..... Postcode:.....

Mobile Number:..... Home/Ext. Number:.....

Email Address:.....

Emergency Contact Information

Name:.....

Contact Number:..... Relationship:.....

Address:.....

..... Postcode:.....

Membership Type:..... Expiry Date:.....

Payment Method:..... Cost:.....

By signing this membership form you are agreeing to abide by the rules, regulations and etiquette of the Fitness Centre as detailed on your members welcome letter. Your entitlement to use of Fitness Centre facilities and services will end on the membership expiry date stated above. All parts of the information on this form may be stored in manual and/or computer files and used for the purposes of Sport and Recreation administration. Such use will be subject to the Data Protection Act 1998.

Signature:..... Date:.....

Student/Staff Number:..... Induction Date:.....

Payment Received Receipt Issued

PAR-Q Form

Please delay exercise if:

- You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
- If you are or may be pregnant, talk with your doctor before you start becoming more active.
- Please consult a Doctor if you develop a condition that may be aggravated by exercise

| Please read the questions below carefully and answer each one honestly (check YES or NO) | YES | NO |
|--|------------|-----------|
| 1) Has your doctor ever said that you have a heart condition OR high/low blood pressure? | | |
| 2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity? | | |
| 3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? | | |
| 4) Have you ever been diagnosed with another chronic medical condition? | | |
| 5) Are you currently taking prescribed medications for a medical condition? | | |
| 6) Do you have a bone or joint problem that could be made worse by becoming more physically active? | | |
| 7) Has your doctor ever said that you should only do medically supervised physical activity? | | |

If Tick YES – Further information requested

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No action required Doctors letter requested

Once doctor's letter is presented please copy and attach to form.

DECLARATION AND AUTHORISATION

I confirm that the information given is a true and accurate statement. I understand that if I have declared any of the conditions listed, further information may be requested. Please be aware that it is your responsibility to inform us if there is a change to any of your answers on the PAR-Q.

The information that you have provided constitutes personal data and as such will be processed in accordance with the Data Protection Act 1998 by the University of Chester, being a public authority, as a Data Controller defined in the Act. Further details regarding the processing of your data may be found in the University's data protection policy available on SharePoint.

Member Signature: Date: