



GYM MEMBERSHIP

Application & Agreement

First Name _____ Surname _____ Tel: _____

Email _____

Address _____

ICE (InCase of Emergency) Name & Tel _____

Tick this box if you would like us to stay in touch and keep you up to date with all our services, special offers and exciting news going forward

MEMBERSHIP TYPE

ADULT MEMBERSHIP

1 Month	€30	<input type="checkbox"/>
3 Months	€85	<input type="checkbox"/>
6 Months	€150	<input type="checkbox"/>
1 Year	€250	<input type="checkbox"/>

STUDENT/OAP MEMBERSHIP

1 Month	€30	<input type="checkbox"/>
3 Months	€45	<input type="checkbox"/>
6 Months	€80	<input type="checkbox"/>
1 Year	€150	<input type="checkbox"/>

Start Date: ____/____/____
See reverse for renewals

New Members

In signing this form, I am agreeing to adhere to the membership rules of Clonmany Community Gym therefore I am liable for any damaged property or personal injury I may cause. I agree not to use weights unless I am over 16 years of age. I agree that I must use a spotter each time I use the weights bench and rack. I agree to replace the weights on their rack after each use. I agree to bring a small towel each day and to clean machines after use to help keep the gym clean and safe. I am agreeing to present my card each day that I wish to use the gym. I understand that in the event that I should lose my membership card I will contact the centre staff immediately to issue a new card. I understand that there is a €5 charge for a replacement membership card should I lose my original card issued.

I have filled out and signed the attached HSE(PAR-Q) form regarding my physical health Yes No

Member Signature: _____ Date _____

STAFF ONLY:

Member No: Card No: Added to database:

Application Accepted by: _____ Date _____



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Date: _____ DOB: _____ Age: _____

Home Phone: _____ Work Phone: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

Please read each question carefully and answer every question honestly: (Tick the appropriate answer)

- | | | |
|--|----------------------------|----------------------------|
| 1. Do you have a heart condition and should only do physical activity recommended by a physician? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. When you do physical activity, do you feel pain in your chest? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. When you were not doing physical activity, have you had chest pain in the past month? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. Are you pregnant? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 8. Do you know of any other reason you should not exercise or increase your physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered 'yes' to. If at any stage your health changes, resulting in a 'yes' answer to any of the above questions, please seek guidance from a GP.

Participant's Signature: _____

Date: _____

