

Membership Application and annual renewal

DUNNINGTON SPORTS CENTRE

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FEES AND MEMBERSHIP DETAILS

Gym Membership Fee £180.00 Student Membership Fee (18 to 25 with NUS card) £90.00

Junior Membership (16 and 17) £70.00

Contact details for the trainers will be provided on joining. Fees for induction vary from free to £35.00 dependent on trainer, session etc

- 1 Full or Student membership is available to all persons over 18 subject to assessment at the induction.
- 2 Junior membership is available to those aged 16 and 17 at a reduced fee. Junior members are required to be accompanied by an adult.
- 3 Membership applications will be dealt with within 5 days of receipt of the completed application and fee.
- 4 Access to the Gym is via a swipecard, which is also your membership card, and which must be produced on request by a member of the B-Fit Gym staff or Committee. Swipe Cards remain the property of the Gym and must be returned upon termination of membership. Members will be charged for replacement cards.
- 4 The Joining Fee includes membership of the Dunnington Sports Club.
- 5 Membership runs for 12 month from date of joining. Refunds are not given for Fees Paid.

6 All m	embers must abide by the Rules and	Constitution of the	B-Fit Gym.		
PERSONAL	DETAILS				
Name			Membership No		
			•		
Post Code		Tel No:		Mobile No:	
D.O.B		Email			
HEALTH SC	REENING				
	following questions carefully and	=	S to any of the questions	it is recomn	nended that you
seek medical cl	earance from your doctor prior to	joining the Gym			
1 Do you have a	history of heart disease, angina or an	v other heart relate	ad disease 2		YES / NO
 Do you have a history of heart disease, angina or any other heart related disease? Do you ever feel pain in your chest when you exercise? 			eu disease :		YES / NO
					YES / NO
3. Do you suffer from high or low blood pressure ?					·
4. Do you ever feel faint or have dizzy spells?					YES / NO
5. Do you suffer from any muscle, joint or back disorder which is aggravated by exercise?					YES / NO
6. Do you suffer from diabetes or epilepsy ?					YES / NO
8. Are you taking prescribed medication for a disorder which may be aggravated by exercise?					YES / NO
9. Are you recovering from illness or operation ?					YES / NO
10. Do you know of any other reason why you should not do any physical activity?					YES / NO
II. Have you nan	oitually taken no form of exercise or ha	ave reason to believ	ve a nealth problem exists?		YES / NO
A risk always exis	sts, when taking any form of exercise,	that a latent healt	h problem or weakness may	become appa	rent and could
conceivably lead t	to injury, illness or fatality. Any persor	n who undertakes e	exercise against the medical	advice of thei	r doctor shall
do so at their owr	n risk and the B-Fit Gym and the Dunr	nington and Grimst	on PFA shall not be held res	ponsible in the	e event of any
illness or fatality	which may result.				
FORMAL DE	CLARATION				
I have road and u	understood the above and declare that	to the best of my	knowledge I know of ne res	can why I cha	uld not participate in
	inderstood the above and declare that		-	-	
	es provided by the B-Fit Gym. I fully u		•	•	·
	gramme, recommended or otherwise,	entirely at my owr	i risk. I also walve any legal	recourse for c	lamage to myself or
personal property	arising from my participation.				
Signed		Date			
Signed		Date			
Return your cor	npleted form, with cheque made p	ayable to Dunnir	igton PFA, to The Manage	er, Dunningto	on Sports
Club, Common I	Road, Dunnington, York, YO19 5NO	G, marking envel	ope 'B-Fit Gym' We also a	ccept payme	ent by credit
or debit card					
			_		
Office Use	Membership Number				
			_ =		
	Swipe Card (Yellow)				
On behalf of Dunr	nington Sports Club Ltd, I acknolwedge	e receipt of £	As payment for B-Fit	Gym members	ship for 12 months
commencing					
B-Fit membership	No	Signed			
	se tick if you do not want us to keep you up to c			email & SMS	
Pleas	Please tick if you do not want information about discounts & benefits from our 3rd party partners				