

Peak Fitness Membership Application BISC Membership - Details Form

1st Member		
Member Name	Member No.	BS14
2nd Member		
Member Name	Member No.	BS14

Please complete the following form in BLOCK capitals and return to Peak Fitness Health Suite along with a passport photo and initial payment if required.

Two memberships are available per BISC Membership. Proof of Membership will need to be confirmed

BISC Memh	per Information		
BISC Member Name	BISC Registration Expires		
	1embership		
First Name	Surname		
Title	Date of Birth		
Gender Male / Female	Occupation		
Home Address			
	Postcode		
Email Address			
Telephone	Mobile		
Emergency Contact Name			
Telephone	Relationship		
How would prefer us to contact you Post	Email Phone Text		
Initial Member I	Membership Details		
Type Pay as you go	Monthly		
Membership Amount <u>£</u>	Initial Payment Amount <u>£</u>		
Direct Debit Payment Yes / Pay As You Go	First Payment Date		
Secondary N	Member Details		
First Name	Surname		
Title	Date of Birth		
Gender Male / Female	Occupation		
Home Address			
	Postcode		
Email Address			
Telephone	Mobile		
Emergency Contact Name			
Telephone	Relationship		
How would prefer us to contact you Post	Email Phone Text		
Secondary Membe	er Membership Details		
Type Pay as you go	Monthly		
Membership Amount <u>f</u>	Initial Payment Amount <u>f</u>		
Direct Debit Payment Yes / Pay As You Go	First Payment Date		



Peak Fitness Application Form BISC Membership Terms and Conditions

Member Name	Member No.	BS14
Please complete the following form in BLOCK capit	tals and return to Peak Fitness I	Health Suite along with initial payment
Т	erms and Conditions	
 As part of the membership process it will be necessary for image will be held on a secure database in compliance with Two Memberships per BISC membership Monthly Membership is to be paid by Direct Debit. Direct Debit payments will be taken on 1st day of the mo Monthly membership - The first payment will be for the month then the payment for the next month will also be defined by Direct Debit amount will be returned to the equivalent may registration has expired. Six months and one year memberships' initial payment is Membership may be terminated if one month Direct Debin missed months on re-application. Re-application is subject Membership may be terminated by writing to Peak Fitnesiare given. Memberships may be terminated by the proprietors, or to Peak Fitness will employ adequate staff to manage the factorial areas will be constantly supervised. Persons under 16 are not permitted to use the gym unlesson ender 14 are unable to access the gym. Peak Fitness requires all members to ensure that their he using the club's facilities. Peak Fitness' own fitness-testing should be sought before taking in physical activity. Members may bring guests in to the club but they must put the member who introduced them. Peak Fitness may at any time, on reasonable notice, revobinding on all members, shall determine any dispute, which Memberships are not transferable from person to person. Each member will have his/her own membership card 	erms and Conditions or the Peak Fitness staff to take in the Data Protection Act. In the Data Protecti	a digital image of you when you join. The ne 1st. In and if the first payment is after 20th of the of is not provided one month after current to a new administration fee in addition to the th, however it must be noted that no refunds if at their discretion. It is but does not guarantee that all the club from the management. It imes who will be responsible for the conduct such as not to involve themselves in any risk by the discretion and guests is the responsibility of The proprietors, whose decision shall be expretation of these rules.
 Members and their guests must be suitably attired at all t The specific instructions must be followed for the sauna, The facilities must be cleared 30 minutes prior to closing 	jacuzzi and sun beds. Eye prote to allow for adequate time for	ection must be worn whilst on the sun beds. showering and changing.
 Peak Fitness and the John Nike Leisuresport Complex ope Please be aware that off peak members cannot use the fa Casual members are required to pay per session Six months, one and two year memberships are non-refu 	acility outside of the off peak ho	
I can confirm that I have read and agree to the abide by the		s and regulations above.
Signature	Date	

Print Name



Peak Fitness Application Form PAR-Q

Please complete the following form in BLOCK capitals and return to Peak Fitness Health Suite along with initial payment

PAR-Q (Physical Activity Readiness Questionnaire)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, please start by answering the questions below. If you are between the ages of 15 and 69, the PAR-Q will tell if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. If you have any questions please do not hesitate to contact your doctor before you begin becoming more physically active than you are now.

Please read the below questions carefully and	answer them honestly, with a tick answer Yes or No.	
Has your doctor ever said you have a heart cordoctor?	ndition <u>and</u> that you should only do physical activity recommended by a	Yes No
Do you feel pain in your chest when you do ph	ysical activity?	
In the past month, have you had chest pain wh	nen you were not doing physical activity?	
Do you lose balance because of dizziness or do	you ever lose consciousness?	
Do you have a bone or joint problem (for examactivity level?	nple back, knee or hip) that could be made worse by change in your physical	= =
Is your doctor currently prescribing drugs (for	example, water pills) for your blood pressure or heart condition?	
Do you know of any other reason why you sho	uld not do physical exercise?	
If yes please comment		
	s u start becoming much more physically active. Tell your doctor about the que sysically active. Your doctor will recommended activities you should participan	
	u to participant is physical activity. You should gradually build up your physica o recommended that you have your blood pressure evaluated and talk with you.	•
•	delay becoming more physically active until you are feeling better. sult with your doctor before coming more physically active.	
I have read, understood and accurately comp	eleted this questionnaire. I confirm that I am taking part in physical activity at rand at an acceptable level.	my own risk
Name		
Signature	Date	
Signature of Parent or	Date	

This physical activity readiness questionnaire is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

(for participants under the age of 18)

Guardian



Peak Fitness Application Form BISC Membership Terms and Conditions

Member Name	Member No.	BS14

Please complete the following form in BLOCK capitals and return to Peak Fitness Health Suite along with initial payment

Terms and Conditions

- As part of the membership process it will be necessary for the Peak Fitness staff to take a digital image of you when you join. The image will be held on a secure database in compliance with the Data Protection Act.
- Two Memberships per BISC membership
- Monthly Membership is to be paid by Direct Debit.
- Direct Debit payments will be taken on 1st day of the month or first working day after the 1st. .
- Monthly membership The first payment will be for the remainder of the current month and if the first payment is after 20th of the month then the payment for the next month will also be due.
- Direct Debit amount will be return to the equivalent membership rate if updated proof is not provided 1 month after current registration has expired.
- 6 months and 1 year memberships' initial payment is for the full period.
- Membership may be terminated if one month Direct Debit is missed and will be subject to a new administration fee in addition to the missed months on re-application. Re-application is subject to availability.
- Membership may be terminated by writing to Peak Fitness and giving 1 calendar month, however it must be noted that no refunds are given.
- Memberships may be terminated by the proprietors, or their appointee, at any time and at their discretion.
- Peak Fitness will employ adequate staff to manage the facilities during all its opening hours but does not guarantee that all the club areas will be constantly supervised.
- Person's under 16 are not permitted to use the gym unless permission has been granted from the management.
- Person's under 16 are classified as children and must be accompanied by an adult at all times who will be responsible for the conduct and safety. Person's under 14 are unable to access the gym.
- Peak Fitness requires all members to ensure that their health and physical conditions is such as not to involve themselves in any risk by using the clubs facilities. Peak Fitness own fitness-testing services are not to be considered such proof. If necessary medical advice should be sought before taking in physical activity.
- Members may bring guests in to the club but they must pay the current guest fee. The behaviour of all guests is the responsibility of the member who introduced them.
- Peak Fitness may at any time, on reasonable notice, revoke, alter or add to these rules. The proprietors, whose decision shall be binding on all members, shall determine any dispute, which may arise in regard to the interpretation of these rules.
- Memberships are not transferable from person to person.
- Each member will have his/her own membership card
- Members and their guests must be suitably attired at all times, gym shoes must be worn whilst in the gym.
- The specific instructions must be followed for the sauna, jacuzzi and sun beds. Eye protection must be worn whilst on the sun beds.
- The facilities must be cleared 30 minutes prior to closing to allow for adequate time for showering and changing.
- Peak Fitness and the John Nike Leisuresport Complex operates a no smoking policy within all its facilities.
- Please be aware that off peak members cannot use the facility out of off peak hours as displayed in the club.

I can confirm that I have read and agree to the abide by the membership agreement, rules and regulations above.

- Casual members are required to pay per session
- 6 months, 1 and 2 year memberships are non-refundable.

Signature	Date
Print Name	



Peak Fitness Application Form PAR-Q

Please complete the following form in BLOCK capitals and return to Peak Fitness Health Suite along with initial payment

PAR-Q (Physical Activity Readiness Questionnaire)

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If you are planning to become much more physically active then you are now, please start by answering the questions in the below. If you are between the ages of 15 and 69, the PAR-Q will tell if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very much active, check with your doctor. If you have any questions please do not hesitate to contact your doctor before you begin becoming more physically active than you are now.

Please read the below questions carefully and answer them honestly, with a tick answer Yes or No.

			Yes No
Has your doctor ever s doctor?	aid you have a heart condition <u>and</u> th	at you should only do physical activity recommended b	
Do you feel pain in you	ur chest when you do physical activity?	?	
In the past month, hav	ve you had chest pain when you were	not doing physical activity?	
Do you lose balance be	ecause of dizziness or do you ever lose	e consciousness?	
Do you have a bone or activity level?	r joint problem (for example back, kne	ee or hip) that could be made worse by change in your p	ohysical
Is your doctor currentl	ly prescribing drugs (for example, wate	er pills) for your blood pressure or heart condition?	
Do you know of any ot	ther reason why you should not do ph	ysical exercise?	
If yes please comment	<u> </u>		
You should discuss wit	bout becoming more physically active	ning much more physically active. Tell your doctor abou e. Your doctor will recommended activities you should p	
level from your curren	say that it is safe for you to participar	nt is physical activity. You should gradually build up you led that you have your blood pressure evaluated and ta	
-		ing more physically active until you are feeling better r doctor before coming more physically active.	
I have read, understo		estionnaire. I confirm that I am taking part in physical acat an acceptable level.	tivity at my own risk
Name			
Signature		Date	
Signature of Parent or		Date	
Guardian	(for participants under the age of 18	3)	

This physical activity readiness questionnaire is valid for a maximum of 12 months from the date it is completed and becomes invalid if

your condition changes so that you would answer YES to any of the seven questions.