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| **SPORTS CENTRE MEMBERSHIP APPLICATION FORM** |
|  MAIN APPLICANT INFORMATION |

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| Date: | Staff Member: |
| Membership Start Date: | Membership Expiry Date: |

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| --- | --- | --- |
| Title: | Forename(s) | Surname  |
| D.O.B |  |
| Mobile Number |  |
| Home Number  |  |
| Email Address |  |
| Address |  |
| Postcode |  |
| **ADDITIONAL APPLICANT INFORMATION** |
| Title: | Forename(s) | Surname  |
| D.O.B |  |
| Mobile Number |  |
| Email Address |  |
| Address |  |
| Postcode |  |

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|  **ADDITIONAL APPLICANT INFORMATION** £30.00 for each additional child who is not a pupil at the school. Membership is FREE for current pupils and children under 5 providing there is a fee paying parent. |
| Child 1 Name  |  |
| Child 1 DOB |  |
| Child 2 Name  |  |
| Child 2 DOB |  |
|  **MEMBERSHIP CATEGORY**  |
|  Parent of Current Pupil/s |  | Local Resident  |  |
|  Old Cat/Eothen  |  | Staff (ID required) |  |
|  **MEMBERSHIP FEES**  |
| **MEMBERSHIP TYPE**  | **FEE** | **QUANTITY**  |
| Membership Main Applicant  | £168.00 |  |
|  Additional Adult  | £60.00 |  |
|  Additional Child/ren | £30.00 |  |
|  Staff Main Applicant  | £50.00 |  |
|  Staff Additional Applicant  | £50.00 |  |
| Staff Additional Child | £25.00 |  |
|  Old Cat/Eothen Individual  | £90.00 |  |
|  **Total to Pay**  | **£** |

The information contained on this application will be used exclusively for the purposes of Caterham Schools marketing and associated information. The computer records are registered under Data Protection Act 1984 and Caterham School will not undertake the transfer or exchange of such information with other agencies.

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|  **CENTRE OPENING HOURS**  |
| The Centre is open to members at the following times and is closed weekdays from 10am – 5pm for pupil use only.**TERM TIME – SPORTS HALL & POOL**Monday: 7.30am-9.00am / 6.00pm-6.30pm & 8.15pm-9.30pmTuesday: 6.00pm-9.30pmWednesday: 7.30am-9.00am / 6.00pm-6.30pm & 8.15pm-9.30pmThursday: 6.00pm-9.30pmFriday: 7.30am-9.00am / 6.00pm-9.30pmSaturday and Sunday: 12-5pm**TERM TIME – FITNESS SUITE**Monday: 7.30am-10.00am / 5.00pm-9.30pmTuesday: 8.15am-10.00am / 5.00pm-9.30pmWednesday: 7.30am-10.00am / 5.00pm-9.30pmThursday: 8.15am-10.00am / 5.00pm-9.30pmFriday: 7.30am-10.00am / 5.00pm-9.30pmSaturday and Sunday: 9-5pmDuring school holidays the centre will be open weekdays from 9.00am-9.30pm, and weekends from 9am-5pm.Due to holiday camps and residential visits, some facilities may be unavailable at certain times during school holidays. We will notify members of these closures separately, both in house and on our website [www.caterhamschool.co.uk/sport/sports-centre/](http://www.caterhamschool.co.uk/sport/sports-centre/) |

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|  **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)**  |

For many people physical activity should not pose any problem or hazard. Our special questionnaire is designed to inform us of any medical issues that may be exacerbated by physical exercise.

If you answer YES to any of the questions marked with an \* we strongly recommend that you seek medical advice before signing up as a member, using the gym or taking part in exercise classes. Tell your doctor about this PARQ, your intended training or exercise plan and the questions you have answered YES to. Under some circumstances, we may require you to provide a referral letter from you GP indicting that it is safe for you to exercise.

Please Circle ‘YES’ or ‘NO’ to the following questions:

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| Have you ever been diagnosed with a heart condition and/or felt pain in your chest when exercising? \* | YES | NO |
| Have you ever been diagnosed with hypertension (high blood pressure)? \* | YES | NO |
| Have you ever been diagnosed with hypotension (low blood pressure)? \* | YES | NO |
| Have you ever been notified that you have high cholesterol? \* | YES | NO |
| Do you have any bone or joint problems such as arthritis or osteoporosis? \* | YES | NO |
| If yes to above are these aggravated by exercise? \* | YES | NO |
| Do you suffer from any neurological disorders? (eg. Epilepsy) \* | YES | NO |
| Do you have diabetes or any other metabolic disorder? \* | YES | NO |
| Do you ever feel faint or experience dizziness? \* | YES | NO |
| Do you suffer from lower back pain? | YES | NO |
| Are you currently taking any medication? If yes please state below: | YES | NO |
| Are you pregnant or have given birth in the last six months? | YES | NO |
| Do you currently smoke? | YES | NO |
| Do you drink more than the recommended weekly allowance of alcohol? (21 units for men, 14 units for women) | YES | NO |
| Are there any other physical conditions that might affect your ability to take part in exercise? | YES | NO |
| Are you over the age of 65 and **not accustomed to vigorous exercise?**  | YES | NO |
| Any other medical conditions you like to add? E.g. serious allergies.Please state below: | YES | NO |

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|  **TERMS & CONDITIONS**  |
| 1. The management reserve the right to later the activity programme, prices, and conditions of membership at any time.
2. Membership is only available to staff, pupils, parents of current pupils, members of the Old Caterhamians Association Sports Clubs, or Eothen Old Girls.
3. The membership period of 12 months is non-negotiable. Refunds for withdrawals will only be made in exceptional circumstances and at the discretion of the manager.
4. Membership cards must be shown on every visit. Members are also required to sign in and out after each visit. Failure to do so may result in refusal of entry.
5. Members agree to abide by the operational practices of the centre and so heed the reasonable request of staff.
6. Membership cards and associated benefits are non-transferrable
7. Pupils may only become members when a parent/guardian enrol as members
8. Children under the age of 8 must be accompanied by an adult (18+ years) in the swimming pool.
9. Children under the age of 16 are not permitted to use the fitness suite without management permission. If permitted, children aged 14-16 years must be directly supervised in the fitness suite by a parent or guardian.
10. All members must complete a Health Questionnaire and complete an induction prior to using the facilities.
11. Failure to comply with any of the above conditions may result in the withdrawal of membership. No refunds will be made for any time outstanding should these conditions not be adhered to.
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By signing below you are indicating that you have read and understood the following statements:

* I confirm the information I have provided on this form is correct to the best of my knowledge, and the answers I have given are honest.
* I understand that it is my responsibility to notify the team at Caterham School Sports Centre of any changes in my health or readiness to exercise.

Please note that the information submitted on this form is highly confidential and will be used in line with the schools GDPR guidelines.

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| Name: | Date: |
| Signature:  |

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|  **STAFF USE ONLY**  |

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| Member has completed & signed PARQ  | Initial:  |
| Member has booked induction  | Initial:  |
| Date of induction  | Date:  |
| Member has provided ID (Staff Only)  | Initial:  |
| Member has provided Proof of Address (local resident only) | Initial:  |
| Member has been given membership card(s) | Initial:  |
| **Credit/Debit Card Details**(Please secure receipt to this form once payment has been made) |
| Card No  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry Date  |  |
| Security Code  |  |