

**NAIRN SPORTS CLUB**

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| **MEMBERSHIP APPLICATION FORM** |

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| **Title** |  | **First Name(s)** |  | **Surname** |  |

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| **Additional Members** *(As Applicable)* **Max 2 adults on a Family Membership** |

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| **Full Name** |  | **Date of Birth** |  |

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| **Full Name** |  | **Date of Birth** |  |

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| **Full Name** |  | **Date of Birth** |  |

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| **Full Name** |  | **Date of Birth** |  |

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| **Home**  **Address:** |  | | |
| **Email Address:** |  | **Contact**  **Number:** |  |

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| **TYPE** | **MONTHLY FEE** | **JOINING FEE FOR MONTHLY**  **(Includes 1st Month)** | **ANNUAL FEE** |
| **FAMILY** | **£48.36** | ***\*£35.00 for first adult and £20.00 for each additional adult or youth***  ***£10 for 14 –15 years***  ***£5 < 13 years*** | £580.32 |
| **ADULT (19 and over)** | **£30.21** | ***£35 (Incorporates FOB)*** | £362.52 |
| **SENIOR CITIZEN (65 and over)** | **£19.17** | ***£25 (Incorporates FOB)*** | £230.04 |
| **YOUTH (16 to 18)** | **£16.67** | ***£15 (Incorporates FOB)*** | £200.04 |
| **SECONDARY (12 to 15)** | **£6.72** | ***£10 14yrs+ | £5 12-13yrs*** | £80.64 |
| **PRIMARY (11 and under)** | **£4.28** | ***£5*** | £51.36 |
| Subscriptions can be paid monthly or in full for the year. Your joining fee **incorporates** the processing fee and-  £5.00 for a swipe card **(14+ only)** which ensures access to the club during unsupervised hours. | | | |

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| **Payment Details** *(See Above Pricing)* |

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| **Membership Type** |  | **Start Date** |  |

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| **Joining Fee: £** |  | **Monthly Fee: £** |  | **Annual Fee: £** |  |

**---------------------------------------------------------Staff Use Only------------------------------------------------------**

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| **Booking Set Up** |  | **Receipt Issued** |  |
| **Photo Taken** |  | **FOB Issued** |  |
| **Induction Booked** |  | **Date Processed** |  |
| **Reason if no induction required: Staff Signature:** | | | |

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| **NAIRN SPORTS CLUB**  **NEW MEMBER INDUCTION** **QUESTIONAIRE AND DISCLAIMER** |

*If you are planning to undertake any form of fitness regime and/or you are new to exercise, please start by answering the questions below*

***Once completed, all information provided will be treated and held confidentially****.*

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| **SER** | **QUESTION** | **YES** | **NO** | **REMARKS** |
| ***(a)*** | ***(b)*** | ***(c)*** | ***(d)*** | ***(e)*** |
| **1.** | ***Has your doctor ever stated that you have a heart condition and that you should only follow a fitness regime recommended by a doctor?*** | ***Yes*** | ***No*** |  |
| **2.** | ***Have you ever felt pain in your chest when you undertake a fitness regime?*** | ***Yes*** | ***No*** |  |
| **3.** | ***Have you ever experienced chest pain at any other time?*** | ***Yes*** | ***No*** |  |
| **4.** | ***Do you have a joint problem that could be exacerbated by exercise?*** | ***Yes*** | ***No*** |  |
| **5.** | ***Have you ever been diagnosed as having high blood pressure, asthma, dizzy spells or diabetes?*** | ***Yes*** | ***No*** |  |
| **6.** | ***Are you pregnant or have you had a baby in the last 6 months?*** | ***Yes*** | ***No*** | ***N/A*** |
| **7.** | ***Are you currently taking any medication, which I should be made aware of? If so, what?*** | ***Yes*** | ***No*** |  |
| **8.** | ***Is there any other reason including previous injuries or medical history, why you should not participate in a fitness regime? If so, what?*** | ***Yes*** | ***No*** |  |

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| **If you have answered yes to one or more questions:** Consult your doctor before you begin a fitness regime. Inform your doctor about this questionnaire and which question(s) you have answered **yes** to and follow their advice with regard to the kind of fitness regime you will subsequently be able to undertake. |

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| **Health Warning:** If your health changes so that you would subsequently answer **yes** to any of the above listed questions, you must inform the NSC staff immediately. **Please note if you fail to inform the NSC staff in sufficient time of any changes to your health or general wellbeing, which could be exacerbated by physical exercise NSC and its employees cannot therefore be held legally responsible for any subsequent injuries or illness sustained or any further deterioration in your condition through a led exercise classes and/or fitness plan.** |

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| **Certification: I certify that I have read, understood and completed this statement and that all questions have been answered honestly and to the best of my knowledge.**  **\*Please be assured that all information provided will be treated in a strictly confidential manner** |

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| ***Full Name:*** |  | ***Age:*** |  |
| ***Date of Birth:*** |  | ***Signature:*** |  |
| ***Home Address:*** |  | ***Date:*** |  |
| ***Emergency Contact name:*** |  |
| ***Relationship:*** |  |
| ***Postcode:*** |  | ***Home Contact number:*** |  |
| ***Home Telephone:*** |  | ***Mobile contact number:*** |  |
| ***Mobile:*** |  | ***Back up contact name:*** |  |
| ***E Mail:*** |  | ***Mobile contact number:*** |  |

**---------------------------------------------------------Instructor Only------------------------------------------------------**

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| ***Instructor Name:*** |  | ***Instructor Signature:*** |  | ***Date:*** |  |



NAIRN SPORTS CLUB

**MEMBERSHIP TERMS & CONDITIONS**

**1.** By becoming a member of Nairn Sports Club (NSC) you agree to abide by all the terms and conditions, rules and regulations stated in this document. If at any time you breach these terms, the club reserve the right to terminate your membership at any time without refund in part or full.

**2.** As a member of NSC you must present either a membership FOB or photographic ID on every visit prior to admission. Without proof of membership, we have the right to refuse you access into the facility.

**3.** NSC reserves the right to add or remove any activities from the programme of activities or fitness classes, at any time.

**4.** NSC reserves the right to review prices at any time. The member will then be given a minimum of 28 days’ notice. They will then have the right to terminate their Direct Debit, failing which the member will be deemed to have agreed to the increase and their standing order must be altered accordingly.

**5.** The applicant will notify a member of staff at NSC of any change to health or physical ability during their membership with the club.

**6.** In the interest of health and safety we have the right to refuse any member from admission if we feel that the member may be intoxicated with either drugs or alcohol.

**7.** For health and safety reasons nobody alone under the age of 14 are permitted to use the fitness room or take part in any of our fitness classes.

**8.** Members take part in any activities at their own risk.

**9.** As a member of NSC you agree to abide by the ground rules as set out by the club.

**10.** As a member of NSC you agree to abide to the club gym rules as set out by the club. This is to ensure the safety of all users.

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| ***Members Name:*** |  | ***Signature:*** |  | ***Date:*** |  |



**DIRECT DEBIT PAYMENTS ARE COLLECTED ON THE 1ST OF THE MONTH**

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| Instruction to your bank or building society to pay by Direct Debit | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
| **Please fill in the whole form including official use box using a ball point pen and send it to:** | | | | | | | | | | | | | | | | | | |  | **Service user number** | | | | | | | | |
| Nairn Sports Club  Viewfield Drive  Nairn  IV12 4BF | | | | | | | | | | | | | | | | | | |  | **3** | **8** | **8** | **5** | **8** | **4** |  |  |  |
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|  | FOR (Nairn Sports Club ) OFFICIAL USE ONLY  This is not part of the instruction to your bank or building society.  Name  Category  Amount | | | | | | | | |
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| **Name(s) of account holder(s)** | | | | | | | | | | | | | | | | | | |  |
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| **Bank/building society account number** | | | | | | | | | | | | | | | | | | |  |
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| **Branch sort code** | | | | | | | | | | | | | | | | | | |  | **Instruction to your bank or building society**  Please pay (Nairn Sports Club) Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with (Nairn Sports Club) and, if so, details will be passed electronically to my bank/building society. | | | | | | | | |
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| **Name and full postal address of your bank or building society** | | | | | | | | | | | | | | | | | | |  |
| To: The Manager | | | | | | | | | Bank/building society | | | | | | | | | |  |
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| Address | | | | | | | | | | | | | | | | | | |  | Signature(s) | | | | | | | | |
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| **Reference** | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
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| Banks and building societies may not accept Direct Debit Instructions for some types of account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This guarantee should be detached and retained by the payer.

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| DdlogolThe  Direct Debit  Guarantee |
| * This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits |
| * If there are any changes to the amount, date or frequency of your Direct Debit (Nairn Sports Club) will notify you (10) working days in advance of your account being debited or as otherwise agreed. If you request (Nairn Sports Club) to collect a payment, confirmation of the amount and date will be given to you at the time of the request. |
| * If an error is made in the payment of your Direct Debit, by (Nairn Sports Club) or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society   – If you receive a refund you are not entitled to, you must pay it back when (Nairn Sports Club) asks you to |
| * You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us. |
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