

**Membership Application**



1. **Personal Details**

|  |  |  |
| --- | --- | --- |
| Title:  | Forename: | Surname: |
| Address: | Post Code: |
| Home Tel No: | Mobile Tel No: |
| Date of Birth: (dd/mm/year) | e-mail: |
| Emergency Contact Name: | Emergency Contact Phone Number: |

2. Membership Type and User

|  |  |  |
| --- | --- | --- |
|  | BU\* | Community |
| £10 for 10 days (Available to new members once only) |   |  |
| Premium SportBU Membership/ Community Annual |  |  |
| Starter & Monthly SportBU Membership  |  |  |
| Community Quarterly Membership |  |  |
| Performance SportBU Membership |  |  |
| Pay-As-You-Go Membership |  |  |
| Staff Salary Deduction – 12 month minimum term contract\*\*(Only available to Salaried BU employees) |  |  |
| Facility Hire Only Membership(Do not fill in sections 3 and 4) |  |  |

\*Please note this price applies for BU students & staff, AUB students & staff, alumni and partner college students. \*\* BU staff only.

**3. Gym Induction Waiver**

|  |
| --- |
| All new members are entitled to receive a free gym induction which will show how to safely use all machines. However should you feel you do not need this service, please complete the gym induction waiver declaration below.I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that exercise can be physically demanding and if performed incorrectly can cause serious harm.I have opted to not attend the gym induction offered to me and therefore assume all liability for any possible injury caused by the exercises I choose to perform.I acknowledge that I am physically fit and free from any illnesses that may be aggravated by performing exercise. I am a regular user of gyms and I am familiar with most gym equipment.Signed…………………………………………………. Date……………………………………………………………... |

4. Medical Conditions

|  |  |  |
| --- | --- | --- |
| Are you currently taking any medication? | YES | NO |
| Have you suffered or do you suffer from chest pains? | YES | NO |
| Have you suffered or do you suffer from back pain? | YES | NO |
| Are you currently carrying an injury? | YES | NO |
| Are you currently pregnant or have been pregnant in the last year? | YES | NO |
| Do you ever feel faint or have spells of dizziness? | YES | NO |
| Do you suffer from Asthma? | YES | NO |
| Do you smoke? | YES | NO |
| Has anyone in your family suffered from heart disease? | YES | NO |
| Do you suffer from epilepsy? | YES | NO |
| If you have any known medical conditions/disabilities not mentioned above, please give details: |
|  |

**5. Data Protection**

We will use the information that you provide to us in this application form (including information you provide to us about any medical conditions) to:

* process your application for SportBU membership;
* manage your on-going SportBU membership;
* providing operational information (including information about the cancellation of sessions or restrictions on the use of facilities);
* ensuring your safety and security;
* notify you that your membership is due to expire; and
* Dealing with enquiries or concerns.

We may process your personal data (including information about your health/medical conditions) where:

* it is necessary for medical purposes (e.g. provision of first aid treatment or contact with the emergency services or health professional);
* it is necessary to protect your or another person’s vital interests; or
* We have your specific or, where necessary, explicit consent to do so.

**For full details** of how we collect, use and share your personal data and your rights in relation to the personal data we hold please **see** the SportBU Members Privacy Notice on our website at: [www.bournemouth.ac.uk/sportbu/memberships](http://www.bournemouth.ac.uk/sportbu/memberships)

We will send messages to you by email/text to let you know about changes to any sessions you are due to attend or the availability of facilities at SportBU.

We may also send messages to you by email/text to let you know about the facilities and services that are available at SportBU. If you wish to receive this information please tick here:

**6. Declaration**

I have read and understood the terms and conditions of using SportBU, including the cancellation and refund terms.

I hereby agree I hereby comply with the Terms and Conditions of membership. I have, to the best of my knowledge, provided accurate information regarding my current health status. I will inform SportBU of any medical changes that may affect my ability to participate in activities/facilities within SportBU.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Parental consent for those aged 16 or 17 at the time of application**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement

I agree to […………………..] becoming a member of SportBU and the Terms and Conditions of membership.

I confirm to the best of my knowledge that [………………………] does not suffer from any medical condition other than those listed above.

I understand that SportBU accepts no responsibility for loss, damage or injury caused by or during attendance at the SportBU centre and/or using SportBU facilities except where such loss, damage or injury can be shown to result directly from the negligence of SportBU.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For office use only**

|  |
| --- |
| **Induction Date & Time: Staff initial: Amount Paid: Cash/Cheque/Card** |