



Membership Application Form

Personal Information

(Please use Block Capitals)

First Name: _____ Surname: _____

Address _____

DOB: / /

Telephone: _____

Mobile: _____

E-mail: _____

Tag no. _____

Date: / /

Emergency contact

Name: _____

Relationship: _____

Contact no: _____

Doctor Name: _____

Doctor Contact no: _____

Direct Debit Option

The option for Direct Debit is available for Single/Couple/Corporate twelve-month gym memberships, first month payment is required with registration. Direct Debits payments are scheduled for the 5th of each month; if a direct debit cannot be received the member must pay the full amount within seven days (membership will be frozen after seven days) at reception and a charge of €10 unpaid fee is automatically applied to the bill. When a member decides to cancel their Membership, they will be required to provide confirmation of this in writing and will be required to give 1 months' notice. Members will be charged an additional month's subscription following their intent to cancel membership. Members are required to complete a mandate form with IBAN and BIC numbers.



Health Screening Form

Physical activity should not pose any problem or hazard to the majority of people. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice prior to initiating a fitness program or other change in their physical activity levels.

Medical and Health Question

Please tick one:

1. Are you accustomed to regular exercise? i.e. three times a week, Yes/No
2. Have you ever been diagnosed diabetes, asthma or epilepsy? Yes/No

If answered yes, please provide details

3. Have you had any surgery in the last 3 months Yes/No

If answered yes, please provide details below

4. Have you been hospitalized in the last 6 months? Yes/No

If answered yes, please give details below

5. Have you ever experienced any difficulty breathing? Yes/No

If answered yes, describe under what conditions below,

6. Have you ever experienced pains in your heart? i.e. Irregular heartbeat. Yes/No

If answered yes please provide details below,

7. Have you ever been diagnosed with high blood pressure? Yes/No

If yes, please provide details below,

8. Have you ever smoked? If yes, please give details below, Yes/No



9. Do you know your cholesterol levels? If so, please state below, Yes/No

10. Have you received regular annual exams from your physician? Yes/No

If yes, please give details of the Date of your last exam:

11. Are there any other conditions that your trainer should be aware of?

12. Please list any prescription medications or over-the-counter medications or supplements,

13. Have you been pregnant in the last 3 months? Yes/No

If yes please provide details below,
