

# The Sports Academy Gym

The Pavilion, Manor Road, Hemingford Grey, Cambridgeshire, PE28 9BX

**Telephone:** (01480) 498114

**Email:** thesportsacademycic1962@outlook.com



**Opening Times:** Daily: 05:30 - 23:00

**Off-Peak Times:** Monday - Friday: 05:30 - 17:00; Saturday - Sunday: 05.30 - 23.00.

**Super Off-Peak Times:** Monday - Sunday: 10:00 - 12:00 and 14:00 - 16:00

	Monthly	Annual
<b>Anytime memberships:</b>		
<input type="checkbox"/> Single membership (1 adult over 18 yrs of age)	£27.00	£270.00
<input type="checkbox"/> Joint membership (2 adults living at same address)	£47.00	£470.00
<input type="checkbox"/> Student membership (Must have student ID)	£23.00	£230.00
<input type="checkbox"/> Over 65 membership	£23.00	£230.00
<b>Off-peak memberships:</b>		
<input type="checkbox"/> Single off-peak membership (over 18 years of age)	£21.50	£215.00
<input type="checkbox"/> Joint off-peak membership (2 adults living at same address)	£37.50	£375.00
<input type="checkbox"/> Over 65 off-peak membership	£18.50	£185.00
<b>Super off-peak memberships</b>		
<input type="checkbox"/> Single Super off-peak membership (over 18 years of age)	£15.00	£150.00

Amount payable today (office use only)		
First Months payment or yearly payment	_____	_____
Fob Deposit	_____ X 10.00 =	_____
Induction and Program	_____ X 20.00 =	_____
Total to pay on joining	Cash/Card	_____

**Application for membership** (Details on this form will be held securely and will only be shared with members of the Sports Academy Team).

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tel No. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Joint member information (If Applicable):**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel No. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Activity Readiness Questionnaire (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

1. Has your doctor ever said that you have a bone or joint problems, such as arthritis that has been aggravated or might be made worse with exercise? **YES / NO**
  2. Has your doctor ever said that you have a heart condition? **YES / NO**
  3. Have you ever felt pain in your chest when you do physical exercise? **YES / NO**
  4. Is your doctor currently prescribing you medication for your blood pressure or heart condition? **YES / NO**
  5. Have you ever suffered from unusual shortness of breath at rest or with mild exertion? **YES / NO**
  6. Do you often feel faint, have spells of severe dizziness or have lost consciousness? **YES / NO**
  7. Do you know of any other reason why you should not participate in a physical activity programme? **YES / NO**
- If you answered **YES** to any of the questions on above, please give details that you think we might need to know:
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If you answered YES to one or more questions: If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness appraisal. Tell your doctor what questions you answered 'yes' to on PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for:

- I. Unrestricted physical activity starting off easily and progressing gradually, and
- II. Restricted or supervised activity to meet your specific needs, at least on an initial basis

If you answered **NO** to all the questions: If you answered the PAR-Q accurately, you have reasonable assurance of your present suitability for:

- I. A graduated exercise program
- II. A fitness appraisal

### Participant declaration and Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

**Clients Signature:**

**Clients Name:**

**Date:**

**Trainers Signature:**

**Trainers Name:**

**Date:**

The Sports Academy will store and use your personal data for the purposes of administering the club and your involvement in club activities. The data will be collected and processed in accordance with The Sports Academy Privacy Policy. I understand that by signing this form I am consenting to my data being used in this way.

- I have read and agree to the Terms and Conditions and Privacy Policy (These are posted on the gyms notice board and on the website).
- I am happy for The Sports Academy to contact me about our products and services.  
*You can opt out at anytime by emailing us at [thesportsacademycic1962@outlook.com](mailto:thesportsacademycic1962@outlook.com)*
- I understand that CCTV is in use within the gym.

**Signature:**

**Date:**