

Membership Application Form

PLEASE FILL THIS FORM IN ON YOUR COMPUTER SCREEN, ONCE COMPLETE PLEASE CLICK THE PRINT BUTTON

Member Information

Title Mr Mrs Miss Ms Other _____

Full Name _____

Address _____

Postcode _____

Home Tel. _____

Mobile _____

Work _____

Email _____

Place of work & Location _____

Additional Member Information

Title Mr Mrs Miss Ms Other _____

Full Name _____

Spouse/Partner must be
residing at same address

Mobile _____

Work _____

Email _____

Place of work & Location _____

Membership type

	Monthly		Annual		Official use only	
	Single	Joint	Single	Joint	Membership No.	
Premier	<input type="checkbox"/> £54	<input type="checkbox"/> £97.20	<input type="checkbox"/> £594	<input type="checkbox"/> £1069.20	Joining Fee	£
Off Peak	<input type="checkbox"/> £34	<input type="checkbox"/> £61.20	<input type="checkbox"/> £374	<input type="checkbox"/> £673.20	Pro Rata Fee - or -	£
Court	<input type="checkbox"/> £4.50	<input type="checkbox"/> £8.10	<input type="checkbox"/> £49.50	<input type="checkbox"/> £89.10	Annual Subs	£
Studio	<input type="checkbox"/> £26	n/a	<input type="checkbox"/> £286	n/a	Renewal Date	/ /
1 x Premier / 1 x Off Peak	n/a	<input type="checkbox"/> £79.20	n/a	<input type="checkbox"/> £871.20	Total Payment	£
1 x Premier / 1 x Court	n/a	<input type="checkbox"/> £52.65	n/a	<input type="checkbox"/> £579.15	Start Date	/ /
1 x Off Peak / 1 x Court	n/a	<input type="checkbox"/> £34.65	n/a	<input type="checkbox"/> £381.15	Date of First DD	/ /
1 x Premier / 1 x Studio	n/a	<input type="checkbox"/> £72	n/a	<input type="checkbox"/> £720		
1 x Off Peak / 1 x Studio	n/a	<input type="checkbox"/> £54	n/a	<input type="checkbox"/> £594		

How did you hear about Herongate Leisure?

Herongate Leisure membership is reserved for people living and working in Hungerford and the surrounding area. If you work in Hungerford or the surrounding area please indicate in the section above. For further details please contact reception.

Herongate Leisure Limited- Membership Data Protection Act Statement

The Data Protection Act 1998 is designed to protect individuals about whom Data is entered and stored on Computer (and other) Systems. The Act sets out strict standards which govern such Data, including how such Data may be divulged. By signing this contract the Member agrees that the Company may use information about him/her which the Member may provide or which it may acquire during the course of its relationship with the Member, providing such use is in accordance with The Data Protection Act 1998 and the policy set out.

The Member accepts that it is an express term of the agreement with the Company that the Company cannot accept any liability for any breaches of data protection legislation that arise as a result of the storage and processing of this data.

By submitting this membership application form I hereby confirm that I have accepted the data protection act statement and agreed to the terms and conditions of membership of Herongate Leisure Ltd.

Tick box

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Medical Screening Questionnaire

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Title _____ Full Name _____ D.O.B. ____/____/____ Gender M F

Address _____

_____ Postcode _____

Tel No. _____ Mobile _____ Emergency _____

Has your doctor ever said that you have a heart condition? Yes No

Have you undergone any surgery in the last 12 months? Yes No

Are you currently on any medication? Yes No

Have you ever suffered with arthritis, osteoporosis, bone or joint problems? Yes No

Have you ever suffered from high or low blood pressure? Yes No

Do you suffer from asthma? Yes No

Have you ever suffered from chest pains? Yes No

Do you suffer from epilepsy? Yes No

Have you ever been diagnosed with diabetes? (Hyperglycaemic or hypoglycaemic) Yes No

Are you currently pregnant or have you given birth in the last 6 months? Yes No

Have you ever had spells of dizziness or felt faint when exercising? Yes No

Is there any further relevant information you feel we need to know that could have an effect on you exercising? Yes No

If answered YES to any of the above please specify full details here:

I confirm that the above details are correct to best of my knowledge as of the below date, if however, my medical situation changes I will immediately inform the Herongate Leisure Management in writing. I also confirm that these details can be stored on a Herongate Leisure database. Please note that Herongate Leisure do not take the responsibility of accident or injury when using our equipment and facilities.

IF YOU ANSWER YES TO ANY OF THE ABOVE WE MAY ASK FOR YOU TO GET WRITTEN CONFIRMATION FROM YOUR DOCTOR, YOU WILL NOT BE PERMITTED TO USE THE FACILITIES UNTIL WE ARE SATISFIED THAT IS SAFE TO DO SO.

By submitting this medical screening questionnaire form I hereby confirm that I have accepted the data protection act statement and agreed to the terms and conditions of membership of Herongate Leisure Ltd.

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