

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)	<input type="checkbox"/>	<input type="checkbox"/>
Annual SportBU Membership	<input type="checkbox"/>	<input type="checkbox"/>
SportBU Membership Monthly/Community Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Performance SportBU Membership	<input type="checkbox"/>	
Pay-As-You-Go	<input type="checkbox"/>	<input type="checkbox"/>
Staff Salary Deduction – 12 month minimum term contract** (Only available to Salaried BU employees)	<input type="checkbox"/>	
Facility Hire Only Membership (Do not fill in sections 3 and 4)	<input type="checkbox"/>	<input type="checkbox"/>

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

3. 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:		

4. 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.....

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;
- promoting SportBU facilities and services;
- 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

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 do not 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
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