

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

This information is private and confidential; Please feel free to discuss any queries that you may have with one of our fully qualified instructors.

Surname (Mr, Mrs, Miss, Ms)	In case of emergency, please state who	Doctors Name
Forename(s)	should be contacted	Surgery Address
Address	Name	Has your Doctor ever advised you not to
Town	Relationship to you	participate in any form of physical activity?
Postcode	Address	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone Home	Town	If so please give details:
Mobile	Postcode
E-Mail	Telephone Home
Date of Birth	Work

Please state any contra indications to exercise: e.g. high/low blood pressure, diabetes, pregnancy

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Please state any previous medical conditions: e.g. recent surgery /hospital treatment

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Signed.....

Date

MEMBERSHIP FEES

- Individual
- Full Joint
- Restricted
- Restricted Joint
- Weekend
- Weekend Joint
- Family
- Junior
- Student
- Corporate

PLEASE READ AND TICK TO CONFIRM THE FOLLOWING

I/we hereby declare that I/we will abide by the rules and regulations of the Burrendale Hotel & Country Club.

Wearing Sport Strips or clothing of which may offend other members is not permitted in The Club.

I agree to notify The Burrendale in writing if I wish to cancel my Direct Debit. I am aware that this must be with The Club at the beginning of the month I wish to cancel.

I am aware if payments are not up-to-date The Burrendale has the right to cancel my membership.

Flip flops or other protective foot wear must be worn in designated areas.

I have filled out the Physical Activity Readiness Questionnaire

**MEMBER
DECLARATION**

I enclose my joining fee of
£

Either
I enclose my annual subscription of
£paid in full

Or
I enclose a fully completed, signed Direct Debit form.

(Cheques should be made payable to Burrendale Hotel)

I agree that the information that I have given is correct to the best of my knowledge. I understand that I undertake any physical activity at my own risk.

Signed.....

Date

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