



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

## Country Club Member Agreement

Title Mr | Mrs | Miss | Ms | Dr

Forename(s)

Surname

Address

Town

Postcode

Home Telephone

Mobile

E-Mail

Date of Birth

### Payment Details

#### Membership Fees

In case of emergency, please state who should be contacted

**Name**

**Relationship to you**

**Home Telephone**

**Work**

**Doctors Name**

**Surgery Address**

	Full Subscription	Up Front Full Payment	Direct Debit (x 12 Monthly Payments)
Individual	£696	£640	£58
Joint	£1320	£1210	£110
Restricted	£576	£530	£48
Restricted Joint	£1152	£1060	£96
Family Option 1*	£1560	£1430	£130
Additional child			£10p/m
Student	£480	£420	£40
Junior* (5-15yrs)	£240	£220	£20

*\*Junior members are not permitted to join unless a parent/guardian is joining also or an existing member.*



## Payment Declaration

I enclose my joining fee of

£ \_\_\_\_\_  
full

and

I enclose my annual subscription of

£ \_\_\_\_\_ paid in

**Or**

I enclose a fully completed, signed Direct Debit from

### Direct Debit Member Payment Declaration

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

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.

Please read and tick to confirm the following

1. I/we hereby declare that I/we have been given a copy of the Terms & Conditions
2. I/we hereby declare that I/we will abide by the Terms & Conditions of the Burrendale Hotel & Country Club
3. I/we hereby declare that I/we have read the data privacy policy.
4. I have filled out the Physical Activity Readiness Questionnaire

Signed: \_\_\_\_\_

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



## **Physical Activity Readiness Questionnaire**

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 shouldn't 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. Common sense is the best guide in answering these few questions.

1. Has your doctor ever said that you have a bone or joint problems, such as arthritis that has been aggravated by exercise or might be made worse with exercise?  
**Yes | No**
2. Do you have high blood pressure?  
**Yes | No**
3. Do you have low blood pressure?  
**Yes | No**
4. Do you have Diabetes Mellitus or any other metabolic disease?  
**Yes | No**
5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?  
**Yes | No**
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  
**Yes | No**
7. Have you ever felt pain in your chest when you do physical exercise?  
**Yes | No**
8. Is your doctor currently prescribing you drugs or medication?  
**Yes | No**
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?  
**Yes | No**
10. Is there any history of Coronary Heart Disease in your family?  
**Yes | No**
11. Do you often feel faint, have spells of severe dizziness or have lost consciousness?  
**Yes | No**
12. Do you currently drink more than the average amount of alcohol per week (*21 units for men and 14 units for women*)?  
**Yes / No**
13. Do you currently smoke?  
**Yes | No**
14. Do you NOT currently exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding?  
**Yes | No**
15. Are you, or is there any possibility that you be might be pregnant?  
**Yes | No**



16. 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 above please give details:

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If you answered YES to one of 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 take a fitness appraisal. Tell your doctor what questions you answered YES to one 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 questions: If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- i. A graduated exercise programme
- ii. A fitness appraisal

**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 Name:

Clients Signature:

Date:

Trainers Name:

Trainers Signature:

Date:

*Additional Note: I have taken medical advice and my doctor has agreed that I should exercise*

Clients Signature:

Date: