

Please indicate any connection to Malvern College:

If employed at the College, please indicate position held:

|  |  |
|--|--|
|  |  |
|--|--|

Title:                      First name(s):

Surname:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Address:

|  |           |  |
|--|-----------|--|
|  |           |  |
|  | Postcode: |  |

Email address:

Date of birth:

|  |  |
|--|--|
|  |  |
|--|--|

Contact telephone:

Emergency contact telephone:

|  |  |
|--|--|
|  |  |
|--|--|

**Additional family member(s) to be included on your membership:**

Your partner and any dependent children under 22 years old

(1) Full name:

(2) Full name:

(3) Full name:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Date of birth:

Date of birth:

Date of birth:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Email address:

Email address:

Email address:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Contact telephone:

Contact telephone:

Contact telephone:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Please indicate your key aim(s) in joining

- |   |  |                                      |  |  |
|---|--|--------------------------------------|--|--|
| <input type="checkbox"/> Sports-specific training | <input type="checkbox"/> Reduce stress   | <input type="checkbox"/> Lose weight | <input type="checkbox"/> Muscle toning | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Increase energy levels   | <input type="checkbox"/> Muscle building | <input type="checkbox"/> Social      | <input type="checkbox"/> Relaxation    | <input type="checkbox"/> Increase flexibility  |

Please indicate your main area of interest

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Racquet sports | <input type="checkbox"/> Fitness Suite | <input type="checkbox"/> Studio classes |
|--|---|--|---|

Malvern Active and/or Malvern College may send you information about products and services which may be of interest to you. Please tick here if you **do not** wish to receive any such communications.

**DECLARATION**

I confirm that the information above is complete and accurate. I have read and agree to abide by the terms and conditions of membership. I agree that you may use personal information about me (and any additional family members) as set out in the terms and conditions. I understand that I am jointly and severally liable along with any other person who has signed this application form. This means that we are all responsible for the membership fee and we are all responsible if any one of us breaches any of the terms and conditions.

Signed (primary member):

Name (please print):

Date:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Signed (all additional family members aged 16 or over):

Name (please print):

Date:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

**HEALTH COMMITMENT STATEMENT**

Your health and well-being is your own responsibility. The management and the staff of Malvern Active are committed to helping you take every opportunity to enjoy the facilities we have to offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

**OUR COMMITMENT TO YOU**

- We will respect your personal decisions, and allow you to make your own choices about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities
- We will make every reasonable effort to make sure that our equipment and facilities are in safe condition for you to use and enjoy.
- We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals.
- If you tell us that you have a disability which puts you at substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make.

**YOUR COMMITMENT TO US**

- You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you use our equipment and facilities you should get advice from a relevant medical professional and follow that advice.
- You should make yourself aware of any rules and
- instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you are not suitable for you.
- You should let us know immediately if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be a qualified First Aider on site.
- If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.

If you have any disability or condition that may hinder your ability to exercise, please state below:



This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligations which you or we must meet.  
© 2009 EIDO Healthcare Limited

Signed:

Date:

Staff member:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|