Aston University

Aston Staff Membership Form

PLEASE COMPLETE IN BLOCK CAPITALS. SECTIONS MARKED WITH * ARE MANDATORY.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Prof ☐ (Please tick)

*First Name:

*Surname:

Date of Birth: / / (DD/MM/YYYY)

*Address:

*Postcode:

*Tel:

*Email:

Please indicate how you heard of us: _____

Aston Staff/Spouse/Child Gym Memberships

Payment Options	12 Month Membership			3 Month Membership			Total (£)
	Gold	Silver	Bronze	Gold	Silver	Bronze	
One Off Payment	£260	£220	£180	£95	£85	£70	
Weekly Payment	£5	£4.23	£3.46				
Monthly Payment	£21.66	£18.33	£15				

Gold, Silver & Bronze Explained
Gold: Gym, Pool, Sauna, Steam, Aerobics & Yoga Classes
Silver: Gym, Pool, Sauna & Steam
Bronze: Gym

Induction Date	
Induction Time	

Aston Staff/Spouse/Child Swim & Sauna Memberships

Payment Options	12 Month Membership		3 Month Membership		Total (£)
	Swim	Swim & Sauna	Swim	Swim & Sauna	
One Off Payment	£160	£180	£55	£65	
Weekly Payment	£3.07	£3.46			
Monthly Payment	£13.33	£15			

STAFF DEDUCTION FROM SALARY (only available for annual gym / gym & swim membership):

Are you paid weekly ☐ monthly ☐ payroll number _____

I authorise the Payroll Office to deduct from my salary 52 weekly/ 12 monthly amounts of £_____ in respect of membership of sports facilities until either a) I advise the Sport & Recreation Department of my desire to terminate or change my membership; or b) the Department informs me of a change in the charges and hence a new payroll authorisation request will be sent to me for approval.

Signed _____ date _____

Payroll Deduction start : _____ (office use only)

SPORT ASTON

GYM MEMBERSHIP: PRE-EXERCISE QUESTIONNAIRE

In order to comply with national safety standards for use of fitness facilities we would ask you to complete the following questions on your general health. The inclusion of some form of exercise as part of your week's schedule has numerous health benefits, whereas the risks are minimal by comparison, particularly if well controlled. This self-screening process is part of our duty of care responsibility to our customers.

If you have any queries please contact one of the Sport Aston staff on duty. If they can't answer your query they will know someone who can! Thank you.

*Do you or have you ever suffered from any of the following: (please circle Yes or No):

- Heart Condition or Angina — Yes No
- Chest pains or severe shortness of breath — Yes No
- Dizziness or loss of balance — Yes No
- High Blood Pressure — Yes No
- Low Blood Pressure — Yes No
- Any joint or bone problem that can be made worse by increase/change in exercise — Yes No
- Rheumatoid or Osteo-Arthritis or Osteoporosis — Yes No
- Diabetes — Yes No
- Is your doctor currently prescribing drugs for a condition that may be affected by exercise — Yes No
- Do you know of any other reason why you should not undertake physical activity — Yes No

IF YOU ANSWERED ……..

NO to all questions ……	**YES** to one or more questions …..
If you answered NO honestly to all questions, you can be reasonably sure that you can: start becoming more physically active, but begin slowly and build up gradually take part in a fitness appraisal. This is an excellent way to determine your basic fitness so you can plan the most suitable exercise programme for your needs. Note: If your health changes so that you then answer 'yes' to any of the above questions, advise your fitness instructor or consult with your GP on whether you should change your activity / fitness programme.	Talk to your doctor BEFORE you start becoming much more physically active. Tell your doctor about what you are intending to do and about the questions on this form to which you have answered 'yes'. you may be able to do any activity you want as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you at present Talk to your doctor about the kinds of activities you wish to participate in and follow their advice. Your fitness instructor can also advise on an appropriate programme. Reduce or stop training if you are feeling unwell because of a temporary illness such as cold or fever. Wait until you feel better before resuming normal levels of activity.

Ethnicity

- [ ] White– British
- [ ] White– Irish
- [ ] Black Caribbean
- [ ] Asian
- [ ] Mixed—White and Asian
- [ ] Mixed—White and Black African
- [ ] Mixed—White and Black Caribbean
- [ ] Chinese
- [ ] Pakistani
- [ ] Black Other
- [ ] Bangladeshi
- [ ] Indian
- [ ] Other (please specify) _____

Disability

- [ ] None
- [ ] Mental Health
- [ ] Mobility Problems
- [ ] Dyslexia
- [ ] Deaf
- [ ] Blind
- [ ] Prefer not to say
- [ ] Impaired Hearing
- [ ] Wheelchair User
- [ ] Unseen Disability
- [ ] Requires Enabler
- [ ] Partial Sight
- [ ] Other Disability (please specify) _____

Please Specify your Nationality: _____

Declaration By Customer: I agree to abide by the rules for booking and using the sports facilities at Aston University. In the case of the gym I have completed a health screening questionnaire and agree to abide by the house rules for the gym. I have also provided relevant identification if applicable in order to secure any reduced membership rates.

Membership Cancellation Policy:

By signing this membership agreement I acknowledge that the agreement is binding to both parties and that **NO REFUND** will be given should I elect to terminate my membership prior to the expiry date except in extenuating circumstances. Refunds may be applied in exceptional circumstances at the sole discretion of the Sport Aston management.

I acknowledge that the fitness classes timetable will change periodically and that Sport Aston management reserve the right to cancel any class in the event of low numbers attending or for any other reason. No refunds will be given in the event of cancellation of classes.

Gym Rules:

By signing this membership agreement I agree to abide by the 'Gym House Rules' and understand that failure to abide by them may result in the membership being cancelled and no refund given. A copy of the 'Gym House Rules' can be seen at reception or at www.aston.ac.uk/sport/gym/gymrules. **I am aware that I must bring my Gym ID card with me on each visit, and that this card is strictly non-transferable.**

Signed:_____ **Dated:**_____

Check Payment [ ]	Photo Attached [ ]	Check Membership [ ]
Health Q Completed [ ]	New No [ ]	Expiry Date [ ]
Member Introduced by [ ]		Sale Processed by [ ]