



Active Life Centre @Coxhoe is managed by:  
**Future Leisure in Coxhoe (FLiC)**  
 Registered Charity Number 1145037

Membership/Customer Number.....  
 Membership Type.....

## MEMBERSHIP APPLICATION & CUSTOMER INFORMATION FORM

All information provided will be treated in compliance with the Data Protection Act 1998  
 It is the customer's responsibility to inform Active Life Centre @Coxhoe of any changes to the information below.

**PERSONAL INFORMATION:**

PLEASE CIRCLE

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ M/F

Date of Birth:  /  /

**CONTACT INFORMATION:**

Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Tel no: \_\_\_\_\_

**EMERGENCY CONTACT for children age under 16 only:**

Parent/Guardian Name: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (PLEASE CIRCLE)**

Newspaper    Word of Mouth    Referred    Website    Other: \_\_\_\_\_

**As a charitable organisation, the following statistical data will help us in our fundraising efforts:**

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?**     Yes     No

**WHAT IS YOUR ETHNIC ORIGIN? (PLEASE TICK):**

<input type="checkbox"/> White British	<input type="checkbox"/> Bangladeshi - Asian or Asian British	<input type="checkbox"/> African - Black or Black British
<input type="checkbox"/> White Irish	<input type="checkbox"/> Pakistani - Asian or Asian British	<input type="checkbox"/> Caribbean - Black or Black British
<input type="checkbox"/> White (Other)	<input type="checkbox"/> Indian - Asian or Indian British	<input type="checkbox"/> Black - other Black background
<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Mixed White & Asian	<input type="checkbox"/> Mixed White & Black Caribbean
<input type="checkbox"/> Mixed - other mixed background	<input type="checkbox"/> Chinese	

**Are you a UK taxpayer? If so, every £1 you give could be worth £1.25 to us, helping to fund vital work at no cost to you. All you need to do is tick this box.**



Yes! I would like the tax to be reclaimed on any eligible donations or membership subscriptions that I have ever made or will make to FLiC until further notice. I confirm that I pay an amount of UK income or capital gains tax at least equal to the tax that FLiC will reclaim.

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

*Only to be completed if participating in exercise classes or using the fitness facilities*

Before participating in physical exercise it is important for your own safety that you answer the following questions. For most people physical activity should not pose any problem or hazard. This health questionnaire has been designed to identify the small number 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 your best guide in answering these few questions. Please read them carefully and tick either YES or NO opposite the question that applies to you.

### Please tick as appropriate:

- 1) Do you have a bone or joint problem such as arthritis that could be aggravated by exercise? Yes  No   
If yes please specify: \_\_\_\_\_
- 2) To your knowledge do you have high or low blood pressure? Yes  No   
If yes please specify: \_\_\_\_\_
- 3) Do you have or ever suffered a heart condition? Yes  No   
If yes please specify: \_\_\_\_\_
- 4) Have you ever felt pain in your chest or breathless when not doing any physical activity? Yes  No   
If yes please specify: \_\_\_\_\_
- 5) Have you ever felt pain in your chest when exercising or doing an activity? Yes  No   
If yes please specify: \_\_\_\_\_
- 6) Is your doctor currently prescribing you with medication or drugs? Yes  No   
If yes please specify: \_\_\_\_\_
- 7) Do you suffer from asthma or any other respiratory problems? Yes  No   
If yes please specify: \_\_\_\_\_
- 8) Have you ever been diagnosed with diabetes/epilepsy? Yes  No   
If yes please specify: \_\_\_\_\_
- 9) Are you, or is there any possibility that you might be pregnant? Yes  No   
If yes please specify: \_\_\_\_\_
- 10) Do you know of any other reason why you should not participate in a programme of physical activity? Yes  No   
If yes please specify: \_\_\_\_\_

### IF YOU ANSWERED YES TO ONE OR MORE

**QUESTIONS ABOVE:** We may recommend that you consult with your doctor before you take part in any physical activity. Inform your doctor which questions you answered 'yes' to on your PAR-Q. 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 exercise to those which are safe for you.

#### STAFF ONLY SECTION

PAR Q Reviewed Yes   
Referred to GP for advice Yes  N/A   
Medical Clearance form given Yes  N/A

STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Declaration, Consent, & Safety agreement

I confirm that the information above is correct. I agree to inform an instructor in the event that the answer to any of the above questions should change. I declare to the best of my knowledge that I know of no reason why I should not participate in any activities. I acknowledge that there are risks inherent in physical exercise. I also agree to use only the equipment which has been demonstrated to me by an instructor and will seek advice about the use of any equipment where I am unclear about its safe use. I agree to abide by the verbal instructions given to me by the fitness instructor or coach and will observe any written notices regarding safety whilst using the Active Life Centre @Coxhoe. I understand that FLiC and its employees will not accept liability for injury caused to me where such injury is the result of my failure to use the exercise equipment properly; my failure to seek advice about the proper use of the equipment; or my failure to inform of my actual health status; or otherwise as a result of my or a third party's negligence. I agree to abide by the Active Life Centre @Coxhoe's Code of Conduct and Membership Policies and I understand that the Active Life Centre @Coxhoe has the right to revoke membership or visitor privileges for the violation of policies, or behaviour not in accordance with the mission and values of the organisation. Under 16s must be monitored/supervised by either a guardian or family member over the age of 18 when using the fitness equipment outside of structured sessions.

MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OR

**For parent/guardian of children age under 16 participating in any children's or youth activity.**

*I, the undersigned, agree that my child is in good health and may participate in activities supervised by Active Life Centre @Coxhoe.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Medical conditions of child: \_\_\_\_\_ None

Medications: \_\_\_\_\_ None