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## **Member Registration Form**

### **Personal Information**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ DOB: / /

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: / / Card no. \_\_\_\_\_

### **Declaration**

I \_\_\_\_\_ hereby agree to the terms and conditions set out by Mitchelstown Leisure Centre and agree to its terms of use.

Signature: \_\_\_\_\_ Staff signature: \_\_\_\_\_

Date: / /

### **Direct Debit Option**

(For 12 Month Membership Only)

The option for Direct Debit is available for Single/Couple/Corporate twelve month gym memberships, first month payment is required with registration. Direct Debits payments are scheduled for the 5<sup>th</sup> of each month, if a direct debit cannot be received the member must pay the full amount within seven days (membership will be frozen after seven days) at reception. Members are required to complete a mandate form with IBAN and BIC numbers.

## Health Screening Form

### Personal Information

Name \_\_\_\_\_ Date: / /

Date of birth \_\_\_\_\_ Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email address \_\_\_\_\_ (mobile \_\_\_\_\_)

### Emergency contact

Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Contact no, \_\_\_\_\_

Physical activity should not pose any problem or hazard to the majority of people. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice prior to initiating a fitness program or other change in their physical activity levels.

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### Medical and Health Question

Please tick one

Yes / No

1. Are you accustomed to regular exercise? i.e. three times a week, \_\_\_\_\_/\_\_\_\_\_

2. Have you ever been diagnosed diabetes, asthma or epilepsy? \_\_\_\_\_/\_\_\_\_\_

If answered yes please provide details

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3. Have you had any surgery in the last 3 months \_\_\_\_\_/\_\_\_\_\_

If answered yes please provide details below

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4. Have you been hospitalized in the last 6 months? \_\_\_\_\_/\_\_\_\_\_

If answered yes, please give details below

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5. Have you ever experience any difficulty breathing? \_\_\_\_\_/\_\_\_\_\_

If answered yes, describe under what conditions below,

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6. Have you ever experienced pains in your heart? i.e. Irregular heartbeat. \_\_\_\_\_/\_\_\_\_\_

If answered yes please provide details below,

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7. Have you ever been diagnosed with high blood pressure? \_\_\_\_\_/\_\_\_\_\_

If yes, please provide details below,

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8. Have you ever smoked? If yes, please give details below, \_\_\_\_\_/\_\_\_\_\_

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9. Do you know your cholesterol levels? If so, please state below, \_\_\_\_\_/\_\_\_\_\_

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10. Have you received regular annual exams from your physician? \_\_\_\_\_/\_\_\_\_\_

If yes please give details of the Date of your last exam:

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11. Are there any other conditions that your trainer should be aware of? \_\_\_\_\_/\_\_\_\_\_

Answered yes please give details below,

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12. Please list any prescription medications or over-the-counter medications or supplements

You currently take \_\_\_\_\_

13. Have you been pregnant in the last 3 months? If yes please provide details below,

\_\_\_\_/\_\_\_\_

\_\_\_\_\_

### **Declaration**

I, \_\_\_\_\_, certify that I understand the foregoing questions and my answers are true and complete. I also understand that if this information changes in any way in the future, it is my responsibility to notify my trainer, and that I assume the risk for any changes in my medical condition that might affect my ability to exercise.

Before beginning a new fitness program or other significant change in your physical activity levels, you are advised to consult with your physician or primary health care provider. Only a physician or qualified health care provider is able to diagnose and prescribe treatment for specific health conditions.

I hereby assume full responsibility for any and all injuries, losses and damages that I incur while attending, exercising or participating in Mitchelstown Leisure Centre Gym. I hereby waive all claims against Mitchelstown Leisure Centre Gym, its instructors, or partners of individually or otherwise, for any and all injuries, claims or damages that I might incur.

I acknowledge that I have read the foregoing statements and fully understand the content thereof, and that if I choose not to consult with my physician or primary health care provider, I do so at my own risk.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Parent or legal guardian (if participant is under age eighteen) Date

## **Gym Rules:**

- All Gym users must carry out an induction journey with a member of staff before they use the gym for the first time.
- Ask advice from an instructor before using any new apparatus in the gym.
- Spotters are required for all free-weight barbell bench presses, shoulder presses, and squats.
- Patrons must clean equipment after every use.
- Weights and other equipment are NOT to be removed from the weight room.
- Olympic Style lifts (Cleans, Snatches, and Jerks) and their variations or combinations are NOT PERMITTED.
- Collars are required on all bars.
- Please wipe down equipment after use.
- Towels must be used throughout workout for hygiene and cleanliness purposes.
- Allow adequate space for other gym users when using free weights.
- Always check the weights before using weight machines.
- Dismantle heavy weight loads and return any free weights used to their racks.
- Adjust machine settings i.e. height of seat, number of plates being used etc.
- Do not abuse equipment, your safety and that of others may be at risk.
- Be respectful and courteous to other gym users.
- No shouting or grunting while lifting weights.
- Do not leave free weights on benches, for safety as they may roll off and cause injury.
- It is important that all gym users have access to gym equipment at all times.
- Do not hold on to equipment for long periods of time, and where possible allow others to 'work in' during rest periods.
- Mobile phones and picture/camera phones are not allowed in the gym area.
- Please refrain from leaning on mirrors.
- Shelving is provided so please use this to store bags, coats etc.
- Hydrate before, during and after exercise.
- Please remove all loose jewelry before entering the gym area.
- If feeling unwell or faint, stop exercising immediately and consult with an instructor.

### **Gym Rules Cont:**

- No free weights allowed in the stretching area.
- Use of an outside Personal Trainer is not permitted.

### **Class Rules:**

- Schedule and instructors are subject to change.
- Please read posted signs for updates and changes to the group exercise schedule.
- Classes with fewer than 3 participants are subject to cancellation.
- For your safety, please do not enter class 10-minutes after start time.
- Class registration can only take place within 24 hours of the class; bookings can be made by phone and at reception. Please make sure your booking has been confirmed by a member of the MLC staff.

### **General Rules:**

Consideration of membership and bookings are at the discretion of MLC.

- Membership is non-transferable and any person found using a member's membership card shall be removed from the premises immediately and the card confiscated. Re-issue of the membership card will be subject to an administration fee.
- No person shall be admitted into the Facility without wearing the appropriate attire (including footwear) for that activity or as directed by the management
- Users shall not, while suffering from an infectious disease, enter or use the Facility, nor shall any person be admitted to the Facility when, in the opinion of Management, in an unclean state or under the influence of alcohol or drugs.
- Users are not permitted to access Facility areas outside those required for use of the Facility.
- Last entry into the gym is 30 minutes before closing time.
- All members must be out of the showers 20 minutes before closing times and must have exited the premises by closing time.
- There shall be no changing in any place other than the designated changing rooms.
- The usage of mobile phones is prohibited in the changing facilities and spectators' area.
- The usage of recording devices is prohibited in the entire complex, unless prior approval has been granted by Management.

## General Rules Cont:

- Disorderly behavior of any kind, including excessive noise, running in the building, or otherwise causing a disruption to the peace and order of MLC.
- Vandalizing or defacing materials or property including equipment, furniture, walls or any other aspect of MLC is not permitted.
- Removing materials, equipment or property from the building without authorisation.
- Harassment of MLC members or staff, either verbally or physically. This may include verbal abuse, use of profanity or other abusive language, intimidation, staring at or following another person within the facility, sexual harassment or harassment on the account of race, religion, ethnic background, gender or sexual orientation.
- All bicycles must be secured at the racks provided at the front of the Centre.
- Use of skateboards, in-line skates, roller skates outside the facility grounds.
- Failure to clean up after oneself while using any part of the facility is not acceptable.
- NO smoking or use of tobacco products within MLC.
- Selling products or services, soliciting for personal gain; or approaching guests for the purpose of obtaining signatures for petitions within the building is not allowed.
- Approval must be obtained in advance from the Manager, to post or distribute material or literature
- Using a cellular telephone, audible pager, audio equipment, audio-visual equipment, or computer equipment so that it disturbs others.
- Abandonment of individuals, both adults and children, who are unable to take care of themselves. A responsible adult (18 or older) must attend children under the age of 16.
- Please do not leave personal property in the facility unattended. All property must be stored in a locker or designated areas within the gym. Lockers located on the second floor are day use only. Any items left overnight will be confiscated.
- All facility equipment must be kept within the designated area and not moved without consulting staff.
- Patrons with any known medical condition or injury should consult with their doctor before participating in any form of exercise.
- All patrons must complete a Health Screening Form before using our facility.
- Any group / individual found in breach of these rules will have their bookings suspended until further notice or in certain cases cancelled.

### **General Rules Cont:**

- MLC expects Managers / Group Leaders / Tutors to explain these rules clearly to all group participants / students before using the facility.
- Management does not accept responsibility for any illness or injury resulting from use of the facility at Mitchelstown Leisure Centre.

### **Car Park Rules and Regulations:**

- A speed limit of not more than 10kph must be observed by any vehicle within the premises of MLC.
- Cars must not be parked at any of the entrances or exits or in any way inconvenience other users.
- MLC does not accept liability for loss of or damage to any motor vehicle or its contents.
- Parents should ensure that children waiting outside the facility do not run around the entrance to the facility, car park, overflow car park and auditorium area as this poses a potential danger for children and vehicles. In the event that staff witness children playing in this area they should inform the children's parents.

**All rules are subject to change by MLC. The non-enforcement of any of the Rules is not a waiver of the Rules and shall not prejudice MLC taking any subsequent action.**

**Surname:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Member No:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

**Date:** / /





(Office Use Only)

**Membership Type**

(Please Tick Appropriate Bok)

Single  Couple  Student  Senior Citizen  Corporate

**Period of Membership**

(Please Tick Appropriate Box)

1 Month  3 Months  6 Months  12 Months

**Student/Corporate Information**

Members School/College Name (Student Discount) : \_\_\_\_\_

Members Place of Work (Corporate Discount): \_\_\_\_\_

**Membership Payment**

Cash  Cheque  Credit card  Direct Debt

Amount Paid: \_\_\_\_\_

Balance Owed: \_\_\_\_\_