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|  <p style="text-align: center;">SOUTHCREST MANOR HOTEL</p> <p style="text-align: center;">Manor Health & Beauty Club Pool Bank, Southcrest, Redditch, B97 4JS Telephone: 01527 541511 option 4 manorhealthandbeautyclub@southcrestmanorhotel.com</p> | Membership Number: | | |
| | Membership Start Date: | | |
| | Membership Type: PEAK / OFF PEAK | Rate per month: £..... | |
| Surname: | First Name: | | |
| D.O.B: | Sex: Male / Female | | |
| Address | | | |
| Post Code: | | | |
| Telephone: | Email: | | |
| Emergency Contact | | | |
| Surname: | First Name: | | |
| Relationship: | Telephone: | | |
| Doctor: | Doctor Telephone: | | |
| Have you ever had or suffered from any of the following medical conditions? | | | |
| Heart Murmur | YES / NO | High Blood Pressure | YES / NO |
| Angina | YES / NO | Heart Attack | YES / NO |
| Stroke | YES / NO | Epilepsy | YES / NO |
| Arthritis | YES / NO | Cancer | YES / NO |
| Asthma | YES / NO | Bronchitis | YES / NO |
| Emphysema | YES / NO | COPD | YES / NO |
| Diabetes | YES / NO | Osteoporosis | YES / NO |
| Fibromyalgia | YES / NO | Fainting/Dizziness | YES / NO |
| Bone/Joint problems | YES / NO | Back Problem | YES / NO |
| Muscle Damage | YES / NO | Black Outs | YES / NO |
| Surgery | YES / NO | Are you pregnant? | YES / NO |
| If you answered yes to any of the above questions, by signing this document you have received consent from your GP or health care provider to be eligible for exercising and using the gym equipment. | | | |
| Payment Details | | | |
| PLEASE COMPLETE THE DIRECT DEBIT MANDATE OVERLEAF. The agreed monthly rate will be taken from the above account details on or around the first working day of each month. Written cancellation must be received by the hotel. Cancellation in the above account agreement will result in non-access of the gym facilities and the membership card is to be returned. | | | |
| Liability | | | |
| The Manor Health & Beauty Club and the Southcrest Manor Hotel accepts no responsibility for injury whilst using the gym and equipment. You are informed that the gymnasium is unmanned with staff and therefore accept no responsibility for your own use of the equipment. | | | |
| Agreement | | | |
| By signing below, I agree to the terms and conditions of using the gymnasium, will abide by the Club rules and agree to the terms of this contract. | | | |
| Member sign: | Date: | | |
| Manor Health & Beauty Club Representative: | Date: | | |