

FR. ANTHONY BUCCIERI Memorial Gymnasium (Membership Application Form)



Don Bosco College
Sampalgre - Tura

- Please fill out all necessary details. It is important that the medical questionnaire is completed and signed as well as the terms and conditions of the contract.
- The minimum age for members is 18 unless approved by the Gym Manager.
- We will need to take a photo of you at reception to put with your membership details.

Thank you for taking time to complete your application carefully and we look forward to welcoming you to our gym.

Personal details

Surname:	<input type="text"/>		
First name:	<input type="text"/>	Date of birth:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	P.O.:	<input type="text"/>
Home number:	<input type="text"/>	Mobile number:	<input type="text"/>
Email:	<input type="text"/>		
Do you declare a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify:	<input type="text"/>		

Emergency contact details

Contact name:	<input type="text"/>	Home number:	<input type="text"/>
Relationship:	<input type="text"/>	Mobile number:	<input type="text"/>

OFFICE USE ONLY

Induction date:	<input type="text"/>	Membership type:	<input type="text"/>
Membership Number:	<input type="text"/>	Payment type:	<input type="text"/>
Staff name:	<input type="text"/>	Staff signature:	<input type="text"/>

GYM TIMING: _____

SIGNATURE OF THE PRINCIPAL: _____

Membership type

STUDENT FACULTY GUESTS

***All gym members are required to undergo an induction before using the gym.

Please indicate the type of membership you require by ticking the relevant box.

1, 3, 6 or 12 month membership *minimum of 3 months membership IS NEEDEDONE MONTH THREE MONTHS SIX MONTHS ONE YEAR

CONSENT TO EXERCISE

- Exercising is an essential part of maintaining a healthy lifestyle. Some people however are unable to participate fully due to illness or other medically restrictive reasons. It is therefore important that the following questions are answered fully and honestly to enable us to ensure that our members can exercise safely.
- Please ensure that you sign the declaration below.
- If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf

Physical Activity Readiness Questionnaire (PARQ)	Yes	No
Have you, for any reason, been unable to exercise in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever advised you against exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any cardiac (heart) related illness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from respiratory difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fainting, migraines or loss of balance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any bone, joint or muscle related disease?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced chest pain whilst exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have elevated cholesterol levels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to any of the above, please give details below. All information is held in strictest confidence and accessible only by the gym manager and relevant staff.

Your doctor's details

Doctor's name: Surgery name: Surgery number: Surgery address:

Declaration of consent to exercise

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at Fr. Anthony Buccieri Memorial Gymnasium, Don Bosco College, Tura.

Signature: Date: / /

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name: Relationship: Signature: Date: / /

Terms and conditions

Please read the following carefully and sign the declaration below. If you are under 18 a parent or guardian must also sign. If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf.

- You must 'sign in' at reception using your membership card upon arrival. Without your membership card, you will be unable to use the gym.
- If a card is lost, a replacement will be made on receipt of Rs. 50 to cover our administrative costs.
- To cancel the membership, members must give one month's written notice. Memberships payment are non-refundable.
- The gym is for the staff and faculty members only, therefore guests have to seek membership from the Principal. No outsiders are allowed inside the gym..
- During busy periods please limit your time on popular equipment such as the treadmills.
- For reasons of health and safety, members must adhere strictly to the following:
 - All free weights are to be returned to their racks after use.
 - Cups and mugs are not allowed in the gym. Water bottles allowed.
 - Members should bring a small towel to wipe down machinery after use.
 - Tracksuits or shorts and t-shirts must be worn at all times.
 - Suitable footwear should be worn at all times.
 - Offensive language or behaviour will not be tolerated.
 - Clashing weights, excessive noises and mistreatment of equipment will not be tolerated.
- Don Bosco College management reserve the right to exclude any member they deem not to be adhering to any of the above or who by their actions poses a health and safety risk to others.

Declaration

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at **Fr. Anthony Buccieri Memorial Gymnasium.**

Signature: Date: / /

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name: Relationship:

Signature: Date: / /

Best Time for Gym Hour for you?

Morning	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Daily	<input type="checkbox"/>	Weekend	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>		

Fr. Anthony Buccieri Memorial Gymnasium

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