

GlaxoSmithKline Sports and Social Club Gym Membership Application

YOU NEED TO BE A MEMBER OF THE SPORTS & SOCIAL CLUB TO JOIN OUR GYM, NON-GSK EMPLOYEES/CONTRACTORS USE ASSOCIATE - FULL-TIME GSK EMPLOYEES USE ORDINARY APPLICATION FORM - NOTE THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE.

**Please complete all sections below in BLOCK CAPITALS and return to
GlaxoSmithKline Sports & Social Club Office
Strathmore Road, Barnard Castle, Co Durham DL12 8DT
Telephone: 01833 692921 or 01833 692144**

Personal Details

Full Name (Mr. Mrs. Miss)	
Home Address	
Post Code	
Date of Birth	
Telephone - Home	
- Work	
- Mobile	
E-Mail - Home	

Are you employed by GlaxoSmithKline Yes / No

Dept / Extension

Club Details

GlaxoSmithKline Club Membership Number

Club fees must be renewed by 14th January each year. If you have paid for example 6 months in the gym from October to March the following year, your gym card will automatically deactivate on 15th January until your Club fees are renewed.

Adult (18 years and over)

OAP (over 65 male or female/Juniors (16 to 17)/Students*

1 Month	£14.00	+ £5 for fob	
3 Months	£42.50	+ £5 for fob	
6 Months	£85.00	+ £5 for fob	
Full Year	£120.00	+ £5 for fob	

1 Month	£14.00	+ £5 for fob	
3 Months	£30.00	+ £5 for fob	
6 Months	£50.00	+ £5 for fob	
Full Year	£75.00	+ £5 for fob	

Please note on top of the fee for the gym you need to pay an additional £5 refundable deposit for your gym fob. If you decide you no longer want to use the gym if you return the fob you will be refunded your £5. Any replacement fobs thereafter are also charged at £5.

*Student discount applies to full-time students only - ie University, College or still at School. If you are doing a work placement for university, an apprenticeship, taking a course to better yourself or doing a course one day a week for your job then you are not eligible. If any queries contact the office in advance to see if you are eligible. Proof of being a full-time student is required at the time of paying for the membership.

Pre-Participation Screening Questionnaire and Informed Consent

This questionnaire must be completed before using the fitness facilities to determine your readiness for exercise. Please complete this form to the best of your knowledge and follow the recommendations below.

Name (Last, First):			Date: / /
	Y	N	
1			Have you had a heart attack, stroke, chest pain, or heart surgery?
2			Has your doctor said that you have cardiovascular, pulmonary, metabolic or other significant disease?
3			During or right after exercise, do you have pains or pressure in the chest area, neck, shoulder or arm?
4			1. Have you experienced any unusual leg pain upon exertion?
5			Has your doctor said that you have a heart murmur or irregular heart beat?
6			Do you have insulin-dependant diabetes or take medication to control your blood sugar?
7			Do you experience unusual shortness of breath at rest or with mild exertion?
8			Has your doctor said you have high blood pressure ($\geq 140/90$) or are you on medication for your blood pressure?
9			Do you experience dizziness/fainting spells at rest or with exertion?
10			Are you currently pregnant or within six weeks postpartum?
11			Are you are currently taking prescription medication for an underlying disorder?
12			Do you have a chronic or acute orthopaedic or other health condition that you or your physician feel will be affected by or affect your exercise (i.e. bursitis, arthritis, neck or back injury, past surgery, etc.)?
13			Do you have a medical condition not mentioned here, which might affect your ability to participate in an exercise program (i.e. seizures, epilepsy, emphysema, asthma, etc.)?

- **If you answered yes to any of the questions above, then you should not use the exercise facilities here until you have consulted your doctor or been advised by your doctor to take up exercise, and you should consult a doctor before taking part in a strenuous programme of exercise.**
- **If you answer no to all of the above questions then you should be able to exercise safely at this facility.**

Informed Consent

I wish to participate in an Exercise Programme (“Programme”) offered at the GlaxoSmithKline Sports & Social Club Fitness Suite (“Facility”). I understand that these activities **may** include gymnasium, squash and group exercise (aerobic and resistance). In return for the GlaxoSmithKline Sports & Social Club Fitness Suite accepting me as a participant in the Programme, I represent and agree as follows:

1. I understand the nature and the purpose of the Programme and am aware that any strenuous physical activity involves certain risks; I assume the risk of any and all accidents or injuries of any kind, which may be sustained by me by reason of, or in connection with, my participation in the Programme. I release, discharge and absolve GlaxoSmithKline Sports & Social Club and their officers, directors, employees and agents and each of their parents, affiliates, and subsidiaries from any and all liability or responsibility for any such accident or injury except to the extent such accident or injury is caused by or results from the negligence GlaxoSmithKline Sports & Social Club or any of their officers, directors, employees and/or agents. This release shall be binding upon my heirs, executors, administrators and assignees.
2. I agree to abide by all the rules and regulations of the Programme and facility as the same may be changed from time to time.
3. I agree that the GlaxoSmithKline Sports & Social Club Fitness Suite shall not be liable for the disappearance, loss or theft of, or damage to, any of my personal property including, but not limited to, any money, negotiable securities, jewellery or furs.
4. I understand that the programme is unsupervised and as such I will not use any equipment that I am not confident in my abilities to use safely. I hereby certify that I have read and understand all health history questions, and that all questions have been answered truthfully to the best of my knowledge. I have read all other clauses of this form and understand all terms. I execute it voluntarily and with full knowledge of its significance.

I enclose a remittance of £ _____ **We now accept debit or credit card payments.** Please note there is a 2% fee for paying on a credit card no additional fee for a debit card. You can also still pay by cash or cheque, cheques should be made payable to GSK SSC.

Signature..... **Date**.....

Parental Signature.....**Date**..... **I declare I am happy for my child to use the facilities without supervision and I agree that all the above details written by my child on this form are accurate and truthful at the time of joining.**

When this form is returned to the Administration office, you will be contacted to arrange your induction. On completion of this induction, a gym card will be issued to allow access to the Fitness Suite.

Office use only			
Monies received	Yes/No	Date	Date asked to arrange induction By e-mail/phone/in person
How Monies Received	cash/cheque/debit card		Date Entered on induction list and expiry log.....