

# DA SPORTS & FITNESS

## Membership & Affiliation Form

Member approved:  
 Staff Initials:  
 Date approved:  
 Fee Paid:  
 Induction Date:  
 Induction Time:  
 Inducted by:

### Membership

Full Student - Including Sports Union \*

Staff

Public

Family

Up to 2 Adult + 2 Children  
 Add on's available

PAYG

Sports Union Only

### MONTHLY

£10p/m

£13p/m

£15 p/m

£35p/m

From £3 p/session

£20 p/Semester fee

### ANNUAL

£100 annual fee

£130 annual fee

£150 annual fee

£350 annual fee

### Step 1: About you (PLEASE COMPLETE IN BLOCK CAPITALS)

Name:  Student ID (if required)  Expiry Date:

D/O/B:  Gender:  Mobile Number:

Email Address:  First line of address & Postcode:

### Step 2: Emergency contact details (PLEASE COMPLETE IN BLOCK CAPITALS)

\* Emergency contact name 1:  \* Emergency contact name 2:

\* Relationship to you:  \* Relationship to you:

\* Emergency contact numbers:  \* Emergency contact numbers:

### Step 3: Sports Union only - Students looking to access the Sports Union must complete.

Do you play or are you involved with any other sports clubs? If YES please list:

Club	Role
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



\*The Sports Union competitive clubs operate on a selection basis and membership will not guarantee selection within any given club.

# Step 4 - Physical activity readiness questionnaire

Please read the following questions carefully and honestly. Please note that if you circle yes to any of the following a doctors note or declaration of own ability must accompany your membership form (tick box can be found within the agreement section below).

If you are unable to provide a doctors note, you will be required to sign a disclaimer stating that you take full responsibility and accept any liability should you suffer ill health, injury or harm relating to the following questions which you have answered yes to

	YES	NO
1. HAS A DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAS YOUR DOCTOR INFORMED YOU TO RESTRICT YOUR PHYSICAL ACTIVITIES?	<input type="checkbox"/>	<input type="checkbox"/>
3. DO YOU HAVE HIGH/LOW BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU EVER EXPERIENCED CHEST PAINS WHILST DOING PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU EXPERIENCED CHEST PAINS WHILST NOT DOING PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
6. DO YOU SUFFER FROM DIZZINESS?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU SUFFER FROM LOSS OF CONSCIOUSNESS OF FAINTING?	<input type="checkbox"/>	<input type="checkbox"/>
8. DO YOU HAVE BONE OR JOINT PROBLEMS AGGRAVATED BY PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
9. DO YOU KNOW OF ANY REASON WHY YOU SHOULD NOT DO PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
10. DO YOU HAVE ANY OTHER HEALTH ISSUES? IF SO PLEASE STATE BELOW (ISSUES COULD INCLUDE ASTHMA, DIABETES ETC)	<input type="checkbox"/>	<input type="checkbox"/>

**IF ANSWERED YES - BY TICKING THE THIS BOX I CONFIRM THAT I AM FIT TO PARTICIPATE IN SPORT / PHYSICAL ACTIVITY AND I TAKE FULL RESPONSIBILITY FOR MY OWN WELLBEING DURING ANY SPORT & PHYSICAL ACTIVITY SESSION AT D&A SPORT & FITNESS.**

## Agreement

By completing the membership process I am fully aware of the expectations set upon me. I am in agreement to the terms and conditions of my membership and I agree to adhere to the college code of conduct.

To complete the membership process please tick to show you are aware of the topics below and sign and date below:

Agree to ALL membership terms and conditions

Completed PARQ

### Additional Sports Union information

I agree to participate voluntarily in sport(s), and I am aware of the risks associated with being involved in sport(s). In the instance of an injury the Sports Union membership is inclusive to Endsleigh sports insurance for those representing the college squads.

Agree you have shared your involvement in sport outwith college & have been authorised to play

Aware of insurance cover for competitive sport

I recognise that Sports Union competitive squads operate on a selection basis you may not be granted access on this basis

**PRINT NAME:**

**SIGN:**

**DATE:**