



Membership Application Form

Forename: _____

Surname: _____

Department _____

Date of Birth: _____

Mobile: _____

Email: _____

Please make our Leisure Centre staff aware of any relevant medical conditions you may have.

Terms & Conditions:

- All Staff must be set up on system with own membership card, as well as ensuring to book your slot one day in advance.
- Pool and Gym access **Monday to Friday from opening to 17.00, at weekends and 12.00 – 17.00 on Saturday and 12.00 to 20.00 on Sunday (subject to seasonal levels of business).** NB Gym access for staff is restricted to max of 2 staff members in each session.
- At the outset, and to allow adherence to our safety protocols, changing rooms will not be accessible for staff with the exception of 13.15 – 15.30, Mon-Friday.
- Social Distancing should be adhered to always while using both the pool and gym areas.
- Always remember to sanitize before and after use of equipment.
- Health & Fitness Screening Form must be complete with LC Manager prior to first use.
Please Note: we will review this again the new year to appraise any opportunities to amend and improve where possible.

Signature: _____

Date: _____

Official use only:

MD/GM Sign off: _____