

## GlaxoSmithKline Sports and Social Club Gym Membership Application

**Please complete all sections below in BLOCK CAPITALS and return with a recent passport photograph to  
GlaxoSmithKline Sports & Social Club Office  
Strathmore Road  
Barnard Castle  
Co Durham DL12 8DT**

### 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	<input type="text"/>
Fitness Suite Swipe Card Number	<input type="text"/>

I am applying to join the Gym (please tick box)

<b>Adult:</b>			
January to December £95	<input type="checkbox"/>	July to December £50	<input type="checkbox"/>
<b>Junior/OAP:</b>			
* January to December £50	<input type="checkbox"/>	* July to December £25	<input type="checkbox"/>
<b>Full Time Student:</b>			
* January to December £50	<input type="checkbox"/>	* July to December £25	<input type="checkbox"/>

**\*Student and OAP rates must be applied for at the time of joining/renewal - refunds cannot be given at a later stage. Proof of Student status required e.g N.U.S. card/confirmation letter/other documentation. Student Rates are applicable to full-time students only. OAP is defined as a male/female of 65 and over at the time of joining/renewing.**

## GlaxoSmithKline Sports & Social Club Fitness & Recreation Facilities 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: / /
	<b>Y</b>	<b>N</b>	
1	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a heart attack, stroke, chest pain, or heart surgery?
2	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said that you have cardiovascular, pulmonary, metabolic or other significant disease?
3	<input type="checkbox"/>	<input type="checkbox"/>	During or right after exercise, do you have pains or pressure in the chest area, neck, shoulder or arm?
4	<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced any unusual leg pain upon exertion?
5	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said that you have a heart murmur or irregular heart beat?
6	<input type="checkbox"/>	<input type="checkbox"/>	Do you have insulin-dependant diabetes or take medication to control your blood sugar?
7	<input type="checkbox"/>	<input type="checkbox"/>	Do you experience unusual shortness of breath at rest or with mild exertion?
8	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said you have high blood pressure ( $\geq 140/90$ ) or are you on medication for your blood pressure?
9	<input type="checkbox"/>	<input type="checkbox"/>	Do you experience dizziness/fainting spells at rest or with exertion?
10	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently pregnant or within six weeks postpartum?
11	<input type="checkbox"/>	<input type="checkbox"/>	Are you are currently taking prescription medication for an underlying disorder?
12	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	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 £** **(Cheques to be made payable to GSK Sports and Social Club).**

**Signature**.....

**Date**.....

When this form is returned to the Administration office, a letter will be sent to arrange an induction. On completion of this induction, a swipe card will be issued to allow access to the Fitness Suite. Any queries, please telephone 01833 692921 or 01833 692144.

<b>Office use only</b>			
Monies received	Yes/No	Date	.....
Induction Letter sent		Date	.....
Entered on induction list		Date	.....