

Application Form



PERSONAL DETAILS

TITLE (CIRCLE AS APPROPRIATE) MR MRS MISS OTHER

FORENAME: _____

SURNAME: _____

DATE OF BIRTH: _____

MEMBERSHIP CARD NUMBER: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU HAPPY TO RECEIVE EMAIL UPDATES? YES NO

MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)

FULL £55 OFF-PEAK £44 GYM ONLY £42

SWIM & STEAM £44 GYM ONLY OFF-PEAK £37

SWIM, STEAM & CLASSES £50 JUNIOR (16-17S ONLY) £30

JOINT* FULL £100 JOINT* OFF-PEAK £80

*JOINT QUALIFIES AS PARTNER/SPOUSE SHARING THE SAME ADDRESS AND BANK ACCOUNT. JUNIOR QUALIFIES AS 16-17 YEARS ONLY.

GYM INDUCTIONS

PLEASE BOOK IN FOR A GYM INDUCTION WITH ONE OF OUR TEAM UPON JOINING. IF YOU USE OUR FACILITIES WITHOUT AN INDUCTION YOU ACCEPT ALL LIABILITY FOR ANY PHYSICAL OR MENTAL IMPLICATIONS OBTAINED WHILST USING PULSE LEISURE CLUB FACILITIES WITHOUT GUIDANCE.

PLEASE READ

CLUB MEMBERSHIP IS NON-TRANSFERABLE BETWEEN INDIVIDUALS AND THE FEES ARE NON-REFUNDABLE. IF YOU NEED TO CANCEL FOR ANY REASON PLEASE ALLOW 5-10 DAYS BEFORE THE END OF THE MONTH TO AVOID YOUR NEXT PAYMENT LEAVING YOUR ACCOUNT ON THE 1ST OF THE MONTH.

I HAVE READ THE RULES OF PULSE HEALTH & FITNESS AND AGREE TO BE BOUND BY THEM. AVAILABLE TO REVIEW AT WWW.CASTLEGREEN.CO.UK. ALL INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

EMERGENCY CONTACT DETAILS

NAME: _____

TELEPHONE: _____

MEDICAL CONDITIONS

PLEASE CIRCLE ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT APPLY TO YOU.

- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- HEART CONDITION
- ASTHMA
- FAINTING OR DIZZINESS
- MAJOR SURGERY IN THE PAST 18 MONTHS
- JOINT PROBLEMS OR PAIN
- STROKE
- DIABETES
- EPILEPSY
- MIGRAINES
- HIGH CHOLESTEROL
- SPINE PROBLEMS
- CHEST PROBLEMS
- LONG COVID
- CANCER
- ARE YOU PREGNANT?
- OTHER

PLEASE PROVIDE MORE INFORMATION HERE: _____
