MEMBERSHIP NUMBER _____

FORMS OF I.D

(This is a bank requirement for all Direct Debit applications)

1. Driving Licence ☐/Passport ☐ (tick id type) No. _____
2. Photographs for membership card (emailed to us)
3. Bank Statement ☐ A/c No. _____ Sort Code. _____

ID has been checked by _____ (signed by staff member)

Bank Statement has been checked by _____ (signed by staff member)

MEMBERSHIP APPLICATION AGREEMENT

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ Post Code: _____ ☐ Tick box to opt in to receive email newsletters and updates on Cloisters / Parsonage Hotel

(Mobile): _____

Email address: _____

Date of Birth: _____ / _____ / _____ How did you hear about the club: _____

Payment Plan:

Monthly Direct Debit (mandate and ID required)

☐ 1st payment due by C/C or CASH £_____

Followed by Monthly Payments to be taken by Direct Debit, at the beginning of each month thereafter.

Your agreed membership is £_____ per month for an initial minimum contract period of **12 months** commencing from _____.

Following the end of the initial minimum contract period, your membership will continue on a monthly basis until cancelled by either party by giving no less than one months' written notice.

Annual Advance

☐ The yearly amount to be paid by Debit/Credit Card or Bank Transfer

Membership Category:

Option A	☐	Option B	☐
Option C	☐	Option D	☐
Option E	☐	Option F	☐
Option G	☐	Option H *	☐
Option I	☐	Option J	☐
Option K *	☐	*Advance Payment Only	

Office use only

Staff Member's Name: _____

Card Issued - YES / NO Photo Received - YES / NO

Membership Initial Contract Period:

From: _____

To: _____

I understand that I can pay for my Annual Membership by monthly instalments or alternatively I may pay the full membership in advance. Direct Debits which are returned unpaid will incur a £10 Administrative cost which will be charged to your account. The minimum contracted period of this membership is **12 months** . Should you wish to terminate your membership at the end of the minimum contracted period, then you must give written notice not less than **one month** before the end of the minimum contracted period of your intention to do so. In the absence of such notice, members will automatically have their membership renewed on a monthly basis. Lump sum payers who pay for their membership in full in one payment still need to give one months' notice to cancel their membership. All notices to terminate your contract must be delivered in writing to The Accounts Office, The Parsonage Hotel & Spa, Escrick, YO19 6LF or by e mail to accounts@parsonagehotel.co.uk. **Please be aware that our Spa Memberships are subject to a yearly price increase in line with inflation which takes effect in April each year.**

Such notices cannot take effect before the expiry of the minimum contracted period.

Please ensure that you have read and understand the terms and conditions before signing this agreement.

Member's Signature: _____

Staff Initials: _____ Date: _____

The Parsonage Hotel & Spa

The Parsonage Hotel & Spa

Medical History

Do you suffer from any of the following:

- Any heart conditions inc. pacemaker Yes/No
- Circulatory problems/phlebitis Yes/No
- High/low blood pressure (please state) Yes/No
- Diabetes Yes/No
- Epilepsy Yes/No
- Receiving treatment for cancer Yes/No
- In cancer remission (up to 4 years) Yes/No
- Liver conditions Yes/No
- Kidney conditions Yes/No
- Thyroid conditions Yes/No
- Back or neck problems Yes/No
- Arthritis Yes/No
- Allergies (i.e. wheat, nut, shellfish etc.) Yes/No
- Varicose veins Yes/No
- Haemophilia Yes/No
- Any skin conditions/infections/cuts/bruises Yes/No

Please give details below if answered yes to any of the above.

Gym Induction

I ……. can confirm that I have been offered the chance to be given a full induction to the Gymnasium and all of the equipment within. I have therefore chosen one of the following choices:

- ☐ I have been booked in by a member of Cloisters Spa and Health Club team to take part in a Gym induction which will show me how to effectively and safely use all of the equipment within the gym without endangering myself or anyone else.
- ☐ I have previously had a full induction to a gym and am aware of all the safety aspects that come when using a gym of this size so will therefore reject the offer to be given an induction to the Cloisters Gym. I therefore take full responsibility for my actions and any injury caused while using any of the gym equipment.

Signed:…….. Date:…….