



# Membership Form

*Please fill out all the information below.*

**Membership Type:** (Please Tick) - This includes the Social Membership\* fee for **Albury Ride club**. Adults – £25  
 Under 18 - £15.

**Personal Training**  
**£175**  
 (£14.60 p/month)

**Full Membership**   
**£275**  
 (£23 p/month)

**Membership Commence Date:** (Day/Month/Year) ...../...../.....

**Title:** (Mr / Mrs / Miss / Ms) ..... **Surname/s:** .....

**Other name/s:** .....

**D.O.B:** (Day/Month/Year) ...../...../.....

**Home Address:** .....  
 (Street) .....  
 (County) .....  
**Postcode:** .....

**Mobile/Home Telephone No:** ..... / .....

**E-mail:** .....

**Main Occupation:** .....

**Amount Due:** £.....

**Signature:** .....

**Date:** (Day/Month/Year) ...../...../.....

\* Social membership of Cheshunt Club normally runs from 1st October – 30th September. Fees are £25 Adults, £15 under 18's and are payable for the whole year or part thereof. An entry card will be issued to all new members and a £3 charge is made for replacement entry cards.

**Standing Order Details:**

**Lloyds T.S.B**  
 8-9 Manor Croft Parade  
 College Road  
 Cheshunt, Herts, EN8 9LR

**Account No:** 01281615  
**Sort Code:** 30-99-86  
**Beneficiary:** TARGET FITNESS LIMITED  
**Reference:** Your Name

\*Please ask for a copy of our details

**Please Leave Next Section Blank ...**

**Membership Commence Date:** (Day/Month/Year) ...../...../.....

**Received Payment** .....



# Pre-Exercise Questionnaire

Please place a tick to indicate Yes.

**Title:** (Mr / Mrs / Miss / Ms) ..... **Surname/s:** .....

**Other name/s:** .....

**D.O.B:** (Day/Month/Year) ...../...../.....

**Person to be contacted incase of accident:** ..... **Tele. no:** .....

**Have you ever or do you have? Y/N**

- Anyone in your family under 60 suffered Heart Disease, Stroke, Raised Cholesterol, or Sudden Death? ...
- Are you a Male over 35 or Female 45 and NOT use to regular intense exercise? ...
- Are you on any prescribed medication? ...
- Have you given birth in the last 6-weeks? ...
- Do you have any Infections or Infectious Diseases? ...
- Have you been hospitalized recently? ...
- Are you pregnant? ...
- Do you have or ever had:

Gout ...	Glandular Fever ...	Any Heart Condition ...
Stroke ...	Rheumatic Fever ...	Heart Murmur ...
Diabetes ...	Dizziness/ Fainting ...	High Blood Pressure > 140/90 ...
Epilepsy ...	Stomach/ Duodenal Ulcer ...	Palpitations or Pains in the Chest ...
Hernia ...	Liver/ Kidney Condition ...	Raised Cholesterol/ Triglycerides ...

If you ticked any of the details suggested, please give details of conditions, medications and approx date cleared:

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If you ticked any of the details suggested, please take this form to your doctor and ask for clearance to exercise before starting any programme, or sign if you have already cleared the condition with your doctor.

Condition Cleared. Yes/ No

Signature: .....

*If any of the following are applicable then please consult an instructor for guidance before starting:*

**Have you ever or do you have?**

Arthritis ...	Any neck pain or major injuries in the following areas?	Are you dieting or fasting? ...
Asthma ...	Neck ...	Any other reasons which may result in the modification of a training program?
Cramps ...	Knees ...	.....
Muscular Pain ...	Back ...	.....
Smoked? ...	Ankles ...	.....

What exercise have you been doing recently? ..... Intensity: ..... How long: ..... How often: .....

**Please read this carefully.**

**Ask any staff to guide you into the most suited class or programme. Work on a low level on your first visit and concentrate on learning how to perform the exercises properly. On each visit you will be able to work a little harder. Be sure to limit yourself to a place where you can still talk comfortably.**

**Should you suffer any injury, illness or condition in the future. Please inform us by recompleting this form again.**

**It is recommended that all Males over 35 and Females over 45 should have a Medical Assessment including an Exercise E.C.G and Cholesterol/ Lipid Count.**

**Statement**

**I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guidance to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.**

Signature: .....

Date: (Day/Month/Year) ...../...../.....

Class/ Programme: ..... Time: ..... Instructor: .....