

CHECKLIST (Office use only)

Membership No. _____

Membership type

Movement Membership ()

Customer photograph Yes/No

Activation session completed

Staff Initial: _____ **Date:** _____

Staff Initials _____ Date _____

Details on Advantage

Staff Initials _____ Date _____

Details on Wellness

Staff Initials _____ Date _____

Wellness key created and issued to member

Staff Initials _____ Member Signature _____

Date _____

Instructor Notes



The Movement Junior Gym Membership Registration form

Gym session times at centres for 12 - 16 year olds
if not supervised by a guardian/parent are:

Monday- Friday: 3.30pm- 5.30pm

Saturday: 9am-11.30am

Sunday: 2pm-6pm

At the following centres:

Derby Arena: 01332 640011

Springwood Leisure Centre: 01332 664433

Queens Leisure Centre: 01332 641444

Activation Session Appointment:

Day: _____ **Date:** _____

Time: _____

Conditions of use

- All young people must be 12 - 16 years old and must have an activation training session before using the gym.
- The registration form on the opposite side must be completed by a parent/guardian prior to using the gym.
- Young people can only use the gym during Movement times shown on the front of this booklet.
- Young people can access the gym during normal opening times however, must be accompanied by a responsible adult aged 18+.
- If accessing the gym outside of Movement times, prices will increase to the concessionary rate.
- Please book in at the main reception on each visit, where your membership card must be shown.
- Please wear suitable clothing, such as a tracksuit, t-shirt, shorts and training shoes. You cannot exercise barefoot.
- Please bring a small towel to wipe down machines after use.
- It is the responsibility of all users to exercise safely and correctly in order to prevent injury to themselves and others.
- Users are expected to refrain from any behaviour that may cause annoyance or danger to others using the gym.
- Management reserves the right to refuse admission, ask members to leave or suspend memberships for unreasonable behaviour.
- 12-13 year olds can use the CV equipment only, 14+ can use CV and resistance machine but no free weights.

To be completed by parent/guardian

Full name: _____
Address: _____
_____ Postcode: _____
Age: _____ Date of Birth: _____
Emergency contact name: _____
Emergency contact telephone number: _____

Please complete the following details with regard to your child's health and medical background.

	Yes	No
Has your child ever had a diagnosed heart condition or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a lung condition such as asthma or bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a diagnosed orthopaedic condition, severe back or joint pain?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child recovering from illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from headaches, dizziness or feeling faint?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any injuries in past few months? If yes please state.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from epilepsy or diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other conditions we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>

Instructor comments _____

I consent to my child taking part in the Movement gym sessions

Parent / Guardian signature _____

Junior Signature _____