**Bournemouth Heart Club - Membership Application Form**

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| **This Form is Private & Confidential – Please complete all sections**  |
| Title: | Mr 🞏 | Mrs 🞏 | Miss 🞏 | Other 🞏 |
| First Name: | Surname: |
| Address: Postcode: |
| D.O.B: | Patient 🞏 Partner 🞏 |
| Work Tel: Home:Mobile: Email: |
| Preferred contact method for mailing list: Email 🞏 Tel 🞏 Post 🞏 |
| GP Name: GP Tel:GP Practice: |
| Name of next of kin: Contact No: |
| Day & Time of Exercise Session(s): | Gift Aid: Yes 🞏 No 🞏 |
| * I understand that data from this membership form will be kept on a computer database to be used solely for the purposes of the Bournemouth Heart Club.
* I understand that I should not take part in any physical activity for which I may not be fit. I am responsible for monitoring my own condition during physical activity.
* I understand that the Heart Club will not be responsible for any harm I suffer as a result of taking part in any activity unless it is caused by their negligence.
* I understand that the Heart Club accepts no liability for unsupervised or unauthorized exercise, use of the equipment or for not carrying out the instruction of the supervisory staff.
* I have read and understand this membership.
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| Signed: | Date: |

OFFICE USE ONLY

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| Membership no |  | Car park fob | Yes / No | No: |
| Date Entered on System |  | Initials |  |  |