**Bournemouth Heart Club - Membership Application Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | |
| Signed: | | | | | Date: | |

OFFICE USE ONLY

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