



Membership Application Form

Name of Membership Holder: Date of Birth: Gender:.....

Email: Mobile:.....

Name of Partner/Spouse: Date of Birth: Gender:.....

Email: Mobile:.....

Home Address:

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Postcode..... Home Telephone:.....

Child/Student Name Date of Birth Gender:.....

Child/Student Name Date of Birth Gender:.....

Child/Student Name Date of Birth Gender:.....

Child/Student Name Date of Birth Gender:.....

Child/Student Name Date of Birth Gender:.....

Membership Category		Please tick
Family	Two adults plus children up to the age of 17yrs. £1983.00 per year, £165.25 per month Students aged 18-22 years can remain on the Family Membership at a cost of £276.00 per year (£23.00 per month) Vouchers to the value of £50 will be issued if NO children are included on the membership.	<input type="checkbox"/>
Single	£1152.00 per year, £96.00 per month	<input type="checkbox"/>
Single Parent	£1152.00 per year, £96.00 per month Under 4yrs Free 4-11yrs £11.25pm/£135.00 per year 12-22yrs £23pm/£276.00 per year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Young Person	Age 18 – 22 Years (if parents not members): £46.00 per month/£552.00 per year Age 23 – 25 Years - £46.00 per month/£552.00 per year Age 26 – 29 Years - £69.25 per month/£931.00 per year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Joining Fee	A non-refundable Joining Fee of £50 per membership is payable prior to the start of your membership
Direct Debits	Please be aware: Direct Debits will be taken from your bank account on or around 4 th of every month and will display as Aberdeen Petroleum Club .



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Physical Activity Readiness Questionnaire (PARQ)

Membership Holder (Please circle)	Spouse/Partner (Please circle)
Do you take any medication? Yes No Not Specified	Do you take any medication? Yes No Not Specified
Any musculoskeletal conditions? Yes No Not Specified	Any musculoskeletal conditions? Yes No Not Specified
Have you ever been diagnosed with cancer? Yes No Not Specified	Have you ever been diagnosed with cancer? Yes No Not Specified
Have you ever has chest pains, dizziness and blackouts? Yes No Not Specified	Have you ever has chest pains, dizziness and blackouts? Yes No Not Specified
Do you have any heart conditions? Yes No Not Specified	Do you have any heart conditions? Yes No Not Specified
Have you been diagnosed with high blood pressure? Yes No Not Specified	Have you been diagnosed with high blood pressure? Yes No Not Specified
Do you have Diabetes? Type 1 or 2? Yes No Not Specified	Do you have Diabetes? Type 1 or 2? Yes No Not Specified
Do you have any respiratory problems? Yes No Not Specified	Do you have any respiratory problems? Yes No Not Specified
Have you had a stroke? Yes No Not Specified	Have you had a stroke? Yes No Not Specified
Do you have any other medical conditions? Yes No Not Specified	Do you have any other medical conditions? Yes No Not Specified
Please provide any additional information below:	Please provide any additional information below:

If you would like to discuss any of the above conditions in more details with a member of our team, please email membership@kippielodge.co.uk

I, the undersigned, have read, understood to my full satisfaction, and completed this questionnaire to the best of my knowledge and acknowledged any medical advice.

I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my conditions changes. If after completion of this questionnaire, your health changes, please can we ask that you keep us notified.

I also acknowledge that Kippie Lodge may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

All correspondence will be sent via email unless otherwise indicated.
I/We hereby apply to be admitted as a member of Kippie Sports & Lesiure Club and if admitted agree to abide by the rules and constitution of the Club.
I/We understand the copies of the constitution, by-laws and House Rules are available on request from the Club Secretary or on our Club Website.
I/We give permission for our photograph to be taken for security purposes only.

Signature of Membership Holder.....	Signature of Partner/Spouse.....
Proposer Name.....	Member Number:.....



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Office Use Only Updated by.....Start Date.....Fees Paid.....Joining Fee Paid.....
