

## 1. Personal Details

Title (Mr/Mrs/Miss/Ms/Other) ..... Surname .....

First Name(s) ..... Date of Birth .....

Address (If University of Surrey student, please give address of next of kin) .....

..... Postcode .....

Telephone (home) ..... (work) .....

(mobile) ..... e-mail address .....

**University of Surrey students and staff only** please complete the following details. (**Public** go to Section 2).

Student/Employee ID ..... Department .....

## 2. Membership

Please tick the category of membership you require. Please refer to our Membership leaflet for full details of membership fees and entitlements.

### University of Surrey Student

Full <input type="checkbox"/>	Sports Club Membership* <input type="checkbox"/>
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\* Please state which club .....

### University of Surrey Staff & Alumni

Full <input type="checkbox"/>	Facility Access <input type="checkbox"/>
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### Concessions (over 60s & NUS)

Full <input type="checkbox"/>	Full Off-Peak <input type="checkbox"/>	Individual Squash <input type="checkbox"/>
Individual Climbing <input type="checkbox"/>	Individual Fitness <input type="checkbox"/>	

### Public

Full <input type="checkbox"/>	Full Off-Peak <input type="checkbox"/>	Individual Squash <input type="checkbox"/>
Individual Climbing <input type="checkbox"/>	Individual Fitness <input type="checkbox"/>	Associate♦ <input type="checkbox"/>

♦ Please state which club .....

(A separate Student Club Associate Membership form must also be completed.)

### Joint

Full <input type="checkbox"/>	Full Off-Peak <input type="checkbox"/>
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### Junior (under 18's)

Individual Squash <input type="checkbox"/>
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### Family

Full <input type="checkbox"/>
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## 3. Payment Method

I wish to pay by: (select one of the following options)

Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Card <input type="checkbox"/>	Direct Debit* <input type="checkbox"/>	Payroll Deduction <input type="checkbox"/> (staff members only)
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\*Please note that the Direct Debit option is not available for Student or Junior memberships.

## 4. Information

How did you first hear about us?

Advert (inc. taxis, buses etc) <input type="checkbox"/>	Banner <input type="checkbox"/>	Brochure <input type="checkbox"/>
Freshers <input type="checkbox"/>	Friend/word of mouth <input type="checkbox"/>	Guest Visit <input type="checkbox"/>
Open day/prospectus <input type="checkbox"/>	Press <input type="checkbox"/>	Walk-in <input type="checkbox"/>
Internet <input type="checkbox"/>	Yellow Pages <input type="checkbox"/>	Radio <input type="checkbox"/>
Flyer <input type="checkbox"/>	Other <input type="checkbox"/>	

Are you interested in any of the following?

Children's Activities <input type="checkbox"/>	Climbing <input type="checkbox"/>	Coaching Courses <input type="checkbox"/>
Dance <input type="checkbox"/>	Swimming Activities <input type="checkbox"/>	Bar Events <input type="checkbox"/>
Elite Sports Programme <input type="checkbox"/>	Events Programme <input type="checkbox"/>	Health & Fitness Activities <input type="checkbox"/>
Job Opportunities <input type="checkbox"/>	Racquet Sports <input type="checkbox"/>	Social Sports <input type="checkbox"/>
Student Clubs <input type="checkbox"/>	Volunteering <input type="checkbox"/>	Well Being Courses <input type="checkbox"/>

Please tick if you do not wish to receive promotional information from UniSport

## 5. Climbing Disclaimer

Do you intend to use the climbing wall as part of your membership? Yes  No

**If YES** you will need to fill out a Climbing Registration Form before you can climb. Please ask reception staff.  
**If NO** and you decide to climb at a later date you will still need to fill out a Climbing Registration Form.

If you climb or enter the climbing area without filling out a Climbing Registration Form you will be in breach of the UniSport & SSP terms and conditions, and we can therefore not be held responsible for your actions.

## 6. Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Please read the following questions carefully and answer to the best of your knowledge by ticking the appropriate box.

	YES	NO
1. Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone, joint or back problem that could be aggravated by your intended physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason why you should not exercise without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

## 7. Agreement

I certify that the information given is correct. I give permission for use of the data provided on this form for administrative purposes and for advising me of services to which my membership may give me access, and for no other purpose. As a member I will abide by the terms and conditions laid down by UniSport & SSP and confirm that I have read the separate sheet given to me. I accept that I take part in activities at my own risk.

UniSPORT access membership information from the University student and staff record systems for administration purposes only. All information will be treated in accordance with the Data Protection Act 1998. If you do not give permission for us to access this information please tick this box.

Signed ..... Date .....

For internal use only.

Proof of status (example student card) seen.	<input type="checkbox"/> Fee paid £ _____ (cash/cheque/card)
Direct debit form complete and attached	<input type="checkbox"/> Membership card no. _____
Receipt no. _____	Expiry date _____
Induction date: _____	Application processed by: _____