Team Hud Enrolment Form

Student

Mr / Mrs / Miss / Ms / Dr / Prof (please circle one)

First Name: ___________________________  Surname: ___________________________

Date of Birth: ____________ / __________ / ___________  Gender:  Male / Female / Other (please circle one)

Address: ___________________________________________________________

_________________________  Postcode: ___________________________

Contact Number: ___________________________  Email Address: ___________________________

Student Number: ___________________________  School/Course: ___________________________

A fitness centre induction is strongly recommended, especially if you have never been a gym user previously.

Please tick this box to request an induction

Membership is non-refundable.

I hereby apply for membership of the Fitness Centre and/or Fitness Classes. I agree to abide by the terms and conditions of the Fitness Centre, Fitness Classes and the Sports Hall. Terms and conditions can be found at hud.ac/team-hud.

Signature: ___________________________  Date: ___________________________

Please return this enrolment form signed and completed to the Team Hud reception. The form must be accompanied by:

1. Payment – cash or credit card dependant on membership
2. A signed payroll agreement form (staff payroll membership only)
3. Completed PAR-Q (located on back of form)
4. A signed collection statement (see below)

Please retain the receipt issued to you at the time of purchase. When using any of the Team Hud facilities, it is required that you swipe your ID card at reception. When attending a fitness class, you must register your attendance at reception and present your ticket to the instructor.

Collection Statement

The information you provide will be processed by the University of Huddersfield for the purpose of enrolment at Team Hud, in accordance with Data Protection Legislation. The legal basis for processing your information is for your membership contract.

Your data will not be shared with any third parties outside the University of Huddersfield, except where this is necessary for the purpose specified above (i.e. for example we may need to share your information with our contractors providing externally hosted IT systems), in which case such sharing will be compliant with data protection legislation.

If you have any questions about the use of your information, the University Data Protection Officer can be contacted at data.protection@hud.ac.uk tel: 01484 473000.

I agree to the Terms and Conditions of the University of Huddersfield Sports Centre. Terms and Conditions can be found online at hud.ac/team-hud

Signed : ___________________________________________  Date : ___________________________________________

01484 472093  teamhud@hud.ac.uk  hud.ac/team-hud
**Membership Options**

Please tick your chosen membership

### Students

<table>
<thead>
<tr>
<th>Membership Options</th>
<th>Gym &amp; Classes</th>
<th>Gym only</th>
<th>Classes only</th>
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</thead>
<tbody>
<tr>
<td><strong>9 month memberships</strong> (Available to purchase from Aug 18 - Dec 18)</td>
<td></td>
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<tr>
<td>Gym &amp; Classes</td>
<td>£150.00</td>
<td>£115.00</td>
<td>£99.00</td>
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<td>Gym only</td>
<td>£18.99</td>
<td>£14.99</td>
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<td>Classes only</td>
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<td><strong>6 month memberships</strong> (Available to purchase from Jan 19 - Feb 19)</td>
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<tr>
<td>Gym &amp; Classes</td>
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<tr>
<td>Gym only</td>
<td>£80.00</td>
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<td>Classes only</td>
<td>£65.00</td>
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<td><strong>3 month memberships</strong> (Available to purchase from March 19 - May 19)</td>
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<td>Gym &amp; Classes</td>
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<td>Classes only</td>
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<td><strong>1 Month membership</strong> (Available to purchase all year)</td>
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<tr>
<td>Gym &amp; Classes</td>
<td>£21.99</td>
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<td>Gym only</td>
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<tr>
<td>Classes only</td>
<td>£17.99</td>
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</tbody>
</table>

**PAR-Q & You**

Have you ever been diagnosed with a heart condition which restricts your physical activity?  
- Yes  
- No

Do you feel any chest pains when taking part in physical activity?  
- Yes  
- No

In the past month, have you felt any chest pains whilst not taking part in any physical activity?  
- Yes  
- No

Do you lose your balance because of dizziness or do you ever lose consciousness?  
- Yes  
- No

Do you have a bone or joint problem that could be made worse by a change in your physical activity?  
- Yes  
- No

Is your doctor currently prescribing medication for your blood pressure or heart condition?  
- Yes  
- No

If you answered yes to one or more questions, please speak to your doctor before starting any physical activity. If you answered no to all the questions, you can be reasonably sure that you will become more physically active.

Delay becoming much more active if:

1. You are not feeling well because of temporary illness such as a cold or fever
2. You are pregnant

I understand that it is my responsibility to inform the fitness centre staff if my health status changes.

Note: if your health changes and need to answer yes to any of the above questions, please ask for advice from a health and fitness professional.

Name: ____________________________ Signature: ____________________________ Date: ____________________________