

The Gym at Halton Membership Application Form

Please complete and return this form to camilla@haltonuk.com who will be in touch to discuss membership options.

Name:	Male/Female
Address:	Date of Birth:
	Home telephone No:
	Mobile:
	E-mail:
Postcode:	How did you hear about us?
Emergency Name & Contact Number:	

Membership Choice (please tick)

Please select your membership below - for detailed information, pricing, and options for the membership that is best for you, please visit: <https://www.thegymathalton.co.uk/membership/>

Full

Student

Health Screening Details

Name	
Occupation	
Previous gym membership	
Blood Pressure	
Weight	
Health & History (please tick)	arthritis asthma diabetes epilepsy heart disease Other
Smoking	If yes, please give daily number:
Surgical operations	Last 3 years:
Current Medication	If yes, please give detail:
Are You pregnant?	
Other information, relevant to exercise routine	

We value inclusion & diversity and welcome members with disabilities. If you have a disability you wish us to know about in confidence, so we can help ensure your membership is more inclusive, enjoyable & positive, please let us know

Privacy & Data Policy

Please visit our website to see our privacy and data policy. At Halton Tennis Centre (including The Gym at Halton) we use your personal information to administer your membership/s, reservations, and to provide the products and services you have requested from us. We would like to contact you with details of future events, competitions, social events and services we are planning. If you consent to us contacting you for this purpose by email, please tick this box:

I agree

Please note, classes are delivered by independent trainers. Please check their data & privacy policies.