

Under 16's Gym Membership Form

14+



Please circle choice

| Form to be completed by parent or guardian | Day Pass | Flexi Pass | Monthly DD | Annual |
|--|----------|------------|------------|--------|
| | 6 | 21 | 19 | 190 |

Members Details

| | | |
|---|-------------|--|
| Parent Full Name | | |
| Child Full Name | | |
| Parent Email | | |
| I would like to receive gym email news and offers | Y/N | |
| I accept the T&C's and Privacy Policy, signed | Parent Sign | |
| Child DOB | | Under 16's <u>MUST</u> have an induction |
| Address | | |
| Postcode | | |
| Contact No. | | |
| Name on Acct | | |
| Acct No. | | |
| Sort Code | | |

Under 16 's Inductions are mandatory before use.

Book online at www.armouredmuscle.com

Please complete the Physical Activity Readiness Questionnaire overleaf

Physical Activity Readiness Questionnaire

This PAR-Q will recommend if your child should check with a doctor before they significantly change their physical activity patterns. If they are not used to being very active, check with their doctor before proceeding. Please read each question carefully and circle YES or NO:

- Has their doctor ever said they have a heart condition and that they should only do physical activity recommended by a doctor? Y/N
- Does your child feel pain in their chest when they do physical activity? Y/N
- In the past month, has your child had chest pain when they were not doing physical activity? Y/N
- Does your child lose balance because of dizziness or do they ever lose consciousness? Y/N
- Does your child have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? Y/N
- Is their doctor currently prescribing medication for their blood pressure or heart condition? Y/N
- Do you know of any other reason why they should not take part in physical activity? Y/N

I confirm that my child is voluntarily engaging in an acceptable level of exercise, and their participation involves a risk of injury. If having answered YES to any one of the questions, we have sought medical advice and GP approval for my child to exercise.

Name _____ Parent _____ Date _____ Signature _____ Parent Sign _____

Inductions can be booked online at www.armouredmuscle.com

Allow 2 working days for account to be generated manually.

Your member number is your entry code.



Manage your membership, see your member No. and more with the app



clubright