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YSJActive

**Fitness Suite Membership Form
2019-20**

TO BE COMPLETED BY YSJACTIVE STAFF

Membership Number: _ _ _ _

This form is available in alternative formats upon request. Please complete the form in block capitals. By completing this form you acknowledge that the personal data you provide will be processed by the University, as further detailed below.

DATA PROTECTION

By completing this form you acknowledge that the information you provide will be processed by York St John University. All personal information gathered and held by York St John University is treated with the care and confidentiality required by the Data Protection Act 2018 and the General Data Protection Regulation (EU 2016/679) (GDPR).

The data controller for the personal information provided is York St John University. The University's Data Protection Officer (DPO) is the University Secretary, York St John University, Lord Mayor's Walk, York, YO31 7EX, e-mail: us@yorksja.ac.uk.

The GDPR requires us to establish a legal basis for processing your information. For the purpose of this privacy notice the processing is covered under GDPR Article 6(1)(f) and Article 9(2)(d) where processing is necessary for the purposes of the legitimate interests pursued by the University and carried out in the course of its legitimate activities with appropriate safeguards.

For further information regarding the processing of your data, including the purposes for processing the data, how your data is stored and your rights in relation to personal data, please see the University's data protection statements at <https://www.yorksja.ac.uk/university-secretarys-office/what-we-do/data-protection/>.

Please complete the form in block capitals.

Member Details

Please state your preferred pronoun (if happy to do so):
_____ (for example; he/she/they/zie/sie)

Preferred Name: _____

Surname: _____

Date of Birth: ___ ___ / ___ ___ / ___ ___

Mobile Number: _____

Email Address: _____

Emergency Contact Details

Preferred Name: _____

Surname: _____

Relationship to you: _____

Mobile Number: _____

TO BE COMPLETED BY YSJACTIVE STAFF

Membership Details

Type: Student Term External Term
 YSJActive Staff YSJ Staff
 Alumni Term NHS/Sodexo
 Other (please specify below)

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Joining Date: ___ ___ / ___ ___ / ___ ___

Renewal Date: ___ ___ / ___ ___ / ___ ___

Payment Details

Cost: £ ___ ___ . ___ ___

Method: Cash Cheque
 Card YSJActive Staff
 Staff Salary Deduction

Administration

Added to Database:

Added to Database by: _____

Filed Away:

Filed Away by: _____

Informed Consent

- Certain risks of injury are inherent to participation in exercise; these types of injuries may be minor or serious and may result from my own actions and / or those of others.
- I understand that I should be well enough to participate and that the choice to participate brings with it the assumption of those risks and results which are part of the activity.
- The rules, regulations and terms and conditions of the Fitness Suite are designed for the safety and protection of participants and I agree to abide by these.
- I agree that I will not attempt or carry out Olympic lifts (i.e. clean / snatch) or equivalent if I am not trained and competent in doing so.
- I understand that the fitness suite is primarily a teaching space and that at times I may be requested and required to adhere to certain policies relating to this.
- Members consent to having their photograph taken for identification purposes. The image will be stored electronically and will only be used to establish the identity of the card holder when using the gym.
- Members must sign in and out of the gym using their membership number. No guests will be allowed access.
- Anyone thought to be under the influence of alcohol or drugs will be ejected and their membership reviewed.
- Personal belongings left in changing rooms or lockers are at the owner's risk and the university accepts no liability for theft or damage to such belongings.

By signing this 'Informed Consent' declaration I agree that I have read and understood the above statements. Any questions I had were answered to my full satisfaction.

Name of member (printed): _____

Signature of member: _____

Date: ___ ___ / ___ ___ / ___ ___

Name of fitness instructor (printed): _____

Signature of fitness instructor: _____

Date: ___ ___ / ___ ___ / ___ ___

Induction

If you do not wish to be given an induction to the YSJActive fitness suite, you can waive the requirement to do so by signing below and providing one of the following reasons:

I hold a relevant Register of Exercise Professionals (REPs) qualification

I have had an induction at another similar fitness facility

I have relevant experience equivalent to the above

Signature of member: _____

Date: ___ ___ / ___ ___ / ___ ___

If you require an induction, please email ysjactive@yorks.ac.uk to arrange this.