

## **PERSONAL DETAILS**

TITLE (CIRCLE AS APPROPRIATE) MR MRS MISS OTHER
FORENAME:
SURNAME:
DATE OF BIRTH:
MEMBERSHIP CARD NUMBER:
ADDRESS:
POSTCODE:
TELEPHONE NUMBER:
EMAIL ADDRESS:
ARE YOU HAPPY TO RECEIVE EMAIL UPDATES? YES NO
ARE YOU HAPPY TO RECEIVE EMAIL UPDATES? YES NO MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE) FULL £57 OFF-PEAK £46 GYM ONLY £44
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE) FULL £57 OFF-PEAK £46 GYM ONLY £44 SWIM & STEAM £46 GYM ONLY OFF-PEAK £39
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)  FULL £57 OFF-PEAK £46 GYM ONLY £44  SWIM & STEAM £46 GYM ONLY OFF-PEAK £39  SWIM, STEAM & CLASSES £52 JUNIOR (16-17S ONLY) £32
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)  FULL £57 OFF-PEAK £46 GYM ONLY £44  SWIM & STEAM £46 GYM ONLY OFF-PEAK £39  SWIM, STEAM & CLASSES £52 JUNIOR (16-17S ONLY) £32  JOINT* FULL £104 JOINT* OFF-PEAK £84
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)  FULL £57 OFF-PEAK £46 GYM ONLY £44  SWIM & STEAM £46 GYM ONLY OFF-PEAK £39  SWIM, STEAM & CLASSES £52 JUNIOR (16-17S ONLY) £32
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)  FULL \$57 OFF-PEAK \$46 GYM ONLY \$44  SWIM & STEAM \$46 GYM ONLY OFF-PEAK \$39  SWIM, STEAM & CLASSES \$52 JUNIOR (16-17S ONLY) \$32  JOINT* FULL \$104 JOINT* OFF-PEAK \$84  *JOINT QUALIFIES AS PARTNER/SPOUSE SHARING THE SAME ADDRESS AND BANK ACCOUNT. JUNIOR QUALIFIES AS 16-17 YEARS ONLY.
MONTHLY MEMBERSHIP TYPE (CIRCLE AS APPROPRIATE)  FULL \$57 OFF-PEAK \$46 GYM ONLY \$44  SWIM & STEAM \$46 GYM ONLY OFF-PEAK \$39  SWIM, STEAM & CLASSES \$52 JUNIOR (16-17S ONLY) \$32  JOINT* FULL \$104 JOINT* OFF-PEAK \$84  *JOINT QUALIFIES AS PARTNER/SPOUSE SHARING THE SAME ADDRESS AND BANK ACCOUNT. JUNIOR QUALIFIES AS 16-17 YEARS ONLY.  GYM INDUCTIONS

PLEASE READ
CLUB MEMBERSHIP IS NON-TRANSFERABLE BETWEEN INDIVIDUALS AND THE FEES ARE
NON-REFUNDABLE. IF YOU NEED TO CANCEL FOR ANY REASON PLEASE ALLOW 5-10 DAYS
BEFORE THE END OF THE MONTH TO AVOID YOUR NEXT PAYMENT LEAVING YOUR

WHILST USING PULSE LEISURE CLUB FACILITIES WITHOUT GUIDANCE.

I HAVE READ THE RULES OF PULSE HEALTH & FITNESS AND AGREE TO BE BOUND BY THEM. AVAILBLE TO REVIEW AT WWW.CASTLEGREEN.CO.UK . ALL INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PROVIDED ON	THIS FORM IS CORR
PRINT NAME:	
SIGNATURE:	
DATE:	

ACCOUNT ON THE 1ST OF THE MONTH.



Health & Fitness
EMERGENCY CONTACT DETAILS
NAME:
TELEPHONE:
MEDICAL CONDITIONS
PLEASE CIRCLE ANY OF THE FOLLOWING
MEDICAL CONDITIONS THAT APPLY TO YOU.
<ul> <li>HIGH BLOOD PRESSURE</li> </ul>
<ul> <li>LOW BLOOD PRESSURE</li> </ul>
<ul> <li>HEART CONDITION</li> </ul>
• ASTHMA
<ul> <li>FAINTING OR DIZZINESS</li> </ul>
<ul> <li>MAJOR SURGERY IN THE PAST 18</li> </ul>
MONTHS
<ul> <li>JOINT PROBLEMS OR PAIN</li> </ul>
• STROKE
• DIABETES
• EPILEPSY
• MIGRAINES
<ul> <li>HIGH CHOLESTEROL</li> </ul>
<ul> <li>SPINE PROBLEMS</li> </ul>
<ul> <li>CHEST PROBLEMS</li> </ul>
<ul> <li>LONG COVID</li> </ul>
• CANCER
<ul><li>ARE YOU PREGNANT?</li></ul>
• OTHER
PLEASE PROVIDE MORE INFORMATION HERE: