

MEMBER ID:

GENERAL INFORMATION

Last Name: Title:
 First Name: Gender: Male
 Birth Date:/...../..... Female
 Post Code: Home Phone:
 Address: Email:
 Mobile Phone:

CENTRE FEE

Staff £20

MEMBERSHIP TYPE

Blue Gold Red Class Only
 Peak Squash Off-Peak Squash

MEMBERSHIP LENGTH

12 Months

PAYMENT METHOD

Salary Sacrifice

PREFERRED MEMBERSHIP START DATE

Membership will commence with effect from [1st of next month]: **01/..../....**
 I agree that my first reduction in salary is to take effect on or about [26th of next month]*: **26/..../....**
 I wish to have a temporary membership until: **01/..../....**
 I agree to make a single payment to the centre for the temporary membership period of: **£____.____**

***SALARIES ARE PAID TO ALL STAFF ON THE 26TH OF THE MONTH, UNLESS THIS FALLS ON A WEEKEND OR BANK HOLIDAY WHEN THE PAY DAY AND THEREFORE FIRST REDUCTION IN SALARY WILL BE BROUGHT FORWARD TO THE FRIDAY.**

EMERGENCY CONTACT DETAILS

Name: Phone: Relationship:

ETHNICITY AND DISABILITY MONITORING

This information will be used to monitor use of the facility.

Ethnic Origin (✓):

Bangladeshi White & Asian
 Black African White & Black African
 Black Caribbean White & Black Caribbean
 Chinese White British
 Indian White British (English)
 Other Asian background White British (Scottish)
 Other Black background White British (Welsh)
 Other Mixed background White Irish
 Other White background Any other background
 Pakistani Prefer not to say

Do you consider yourself to have a disability? (✓)

No
 Yes

If yes:

Health condition/long-term illness
 Hearing impairment
 Learning disability
 Other type of disability
 Physical impairment/mobility issues
 Visual impairment

HOW DID YOU HEAR ABOUT THE SPORTS CENTRE? (PLEASE CIRCLE ONE)

Advert Leaflet/Postcard Magazine Friend Newsletter
 Newspaper Poster Website Facebook Twitter
 Other

ADDITIONAL DETAILS

Car Registration Number: Payroll Number (8 digits)
Job Title: University Card Number
Department/College: Post-Doc Details: Yes No
Family/Joint Member Name:

HEALTH FORM

When did you last take part in an exercise programme? (✓) Never Months ago Years ago Regularly
If you exercise regularly, how often? (✓) Once a week 2-3 times a week 4+ times a week Not applicable

Please tick if the answer is yes to any of the questions below (✓):

- Have you ever had heart trouble?
- Do you ever have pains in your chest?
- Do you often feel faint or dizzy?
- Have you ever had high blood pressure?
- Have you any joint or bone problems?
- Is there any other reason why you should not perform physical exercise or that might affect your ability to exercise?

If you have ticked any of the questions above, please describe any injuries, illnesses, disabilities or conditions (including pregnancy) below:

.....

As far as you are aware, are you allergic to any drugs? (Please state).....

Are you taking any regular medication? If so, for what reason?.....

INDUCTION/WAIVER INFORMATION

Inductions for the Fitness, Strength and Conditioning Suite can be booked at no additional cost. An induction is a one-to-one session with a qualified Fitness Instructor to give the member a thorough understanding of how to safely and effectively use the equipment available.

You have the choice to sign an Induction Waiver or to complete an induction. If you choose to complete the Waiver, you can still have an Induction at a later date.

Please indicate below whether you would like to complete a waiver or an induction:

Waiver Induction N/A (Not applicable to 'Centre Membership' only members)

Staff to Complete: Induction Date (...../...../.....) Induction Time (.....)

AGREEMENT

Salary Exchange Only (University of Cambridge Staff Members Only)

1. I confirm that I have read, understood and agree to adhere to the Terms & Conditions (SALARY EXCHANGE SCHEME ONLY).
2. I confirm that I have read, understood and agree to adhere to the Code of Conduct.
3. I understand that the University will hold my personal details on its secure database and that it may use them in case of an emergency or in case it needs to contact me about a booking; this may be by telephone, email or text message. I hereby consent to such use.
4. I understand that the University would like to keep me informed about offers or events that it thinks may be of interest to me and may use my personal details for this purpose. I hereby consent to such use.
5. If you have answered yes to any of the questions on the Health Form, please discuss this with a Fitness Instructor as you may be advised to seek medical advice before commencing an exercise programme. For certain conditions, you will be required to provide a letter from your GP, Physiotherapist or other specified medical professional before using the facilities.
6. I confirm that I have read, understood and agree to the CAMbens Gym Salary Exchange Scheme Guidance detailed within the CAMbens website and the arrangements set out in this form.
7. I confirm that I agree to a variation to my contract of employment (subject to meeting the required eligibility criteria) under which my gross monthly salary will be reduced by the amount selected with effect from the date specified (the 'salary exchange').
8. I understand that if I am determined by the University not to be eligible to participate in the Salary Exchange Scheme that my application will be refused and that if I subsequently become ineligible my Membership will terminate.

Member Name Signed Date/...../.....

OFFICE USE ONLY

Print Name..... Induction/Waiver Wizard Applied Form checked Setup on Lockers
Date...../...../..... Health Form and Waiver ticked Card input into MRM Photo Taken
 Health Form Approved Health Form Action Required: Fitness Instructor Name.....