



TRINITY FITNESS MEMBERSHIP



Your health is your responsibility. The management and staff of this organisation are dedicated to helping you take every opportunity to enjoy the facilities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

Our commitment to you

1. We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
2. We will make every reasonable effort to make sure that our equipment and facilities are in a safe condition for you to use and enjoy.
3. We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals.
4. If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make.

Your commitment to us

1. You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you use our equipment and facilities you should get advice from a relevant medical professional and follow that advice.
2. You should make yourself aware of any rules and instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.
3. You should let us know immediately if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be a person available who has had first-aid training.
4. If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.

This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligations which you or we must meet.



Leeds Trinity University,
Brownberrie Lane, Horsforth,
Leeds LS18 5HD

Call 0113 283 7155
www.trinityfitness.co.uk

PERSONAL DETAILS

Membership No.

Surname Forename

DOB Address

..... Postcode

Home Tel. Mobile

Email

Primary Contact Contact Number

YOUR MEMBERSHIP

TO PAY TODAY

WHAT PROMPTED YOU TO COME TO THE CENTRE TODAY?

External Signage / Passing by <input type="checkbox"/>	Social Network (eg. Facebook / Twitter) <input type="checkbox"/>
Website <input type="checkbox"/>	Word of mouth <input type="checkbox"/>
Direct Mail <input type="checkbox"/>	Leaflet <input type="checkbox"/>
Email <input type="checkbox"/>	Event <input type="checkbox"/>
Friend / Family Recommendation <input type="checkbox"/>	Member <input type="checkbox"/>
Advertisement <input type="checkbox"/>	Where: <input type="checkbox"/>

YOUR INTERESTS

Fitness Suite <input type="checkbox"/>	Spin Class <input type="checkbox"/>	Outdoor <input type="checkbox"/>
Sports <input type="checkbox"/>	Activity Classes <input type="checkbox"/>	Other <input type="checkbox"/>
Details		

OUR PROMISE TO YOU

At TrinityFitness we care about your personal details and will not forward any information onto any third parties. We will only use your contact details to keep you up to date with news regarding TrinityFitness, our services or any member communications.

If you wish for us not to contact you please tick this box.

By becoming a TrinityFitness member you agree to our Membership Terms & Conditions (copies of which are displayed within the Centre) and agree to respect our facility etiquette and our other uses. Your membership card will be activated once you have completed your Fitness Suite orientation.

Signature Date

Staff Signature Date

Members Name

Membership No.

Date joined:

HEALTH PROFILE

GOAL 1 (Your most important)

GOAL 2

GOAL 3

When would you like to achieve these goals by?

MEDICAL NOTES

ACTIVITY CLASSES RECOMMENDED

WELLNESS JOURNEY

- Trinity orientation FT 121
- Trinity Motivation
- Trinity Fitness Class
- Trinity Review

14 Day call due

Journey completed by

Reward issued

NOTES

YOUR HEALTH CHECK RESULTS

	UNITS	Recommended	Your Results
Date			
Resting Heart Rate	bpm	60 / 80	
Blood Pressure		120 / 80	
Height (w/ shoes off)	cm	~	
Weight		~	
Activity Level Selected	1 2 3	~	
Total Body Fat	kg	M-15~20 / F-24~30	
Total Muscle Mass	%	~	
Bone Mass	kg	~	
Body Mass Index (BMI)	kg	20~25	
DCI	Kcal	M-2200~2500 / F-2000~2200	
Metabolic Age	Years	Younger than current age	
Total Body Water	%	55~65	
Visceral Fat Level		1-12 = good 13-59 too high	

TELL TRINITY

How have you found your experience so far?

What have you most enjoyed about your membership?

Would you recommend us?

OTHER COMMENTS