



Rose Hill Gym Membership Application

First Name	Surname		
Mr/Ms/Miss/Mrs/Other			
Address			
Postcode	Telephone numb	er	
Email		Date of Birt	h//
(Optional) Do you consider ye	ourself to be: (tick one	e box only)	
Asian African – Black Caribbean – Black Other – White Irish – White		UK – Black UK – White Other – Black UK – Asian European (Non-UK)	

Gym Induction required?

All new members are strongly advised to attend a gym induction, which will show you how to safely use all equipment in the gym and how to safely perform any related exercises. However, should you feel that you do not need this service, please complete the gym induction waiver declaration below:

I understand that exercise can be physically demanding and if performed incorrectly can cause serious harm. I have opted to not attend the gym induction offered to me and assume all liability for any possible injury caused to myself or to a third party by my using the equipment or performing any exercise not having had an induction (unless it can be shown that such injury was caused by negligence on the part of the gym.)

I am aware that if in the future I decide that I do indeed need to be instructed in the safe use of the facility, any chosen exercises and/or its equipment, I will always have the option to book an induction or ask the instructor for advice.

Name:

Date:

Signature:

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Bank or Building Society								į,	De	b
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Postcode	Bank or Building									
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Signature (s)										
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A member may cancel their Direct Debit membership at any commencement date by notifying Rose Hill Community Cent thirty (30) day notice to the address listed be	tre in writing with a					_inke		-		
Post – Rose Hill Community Centre, Carole's Way, Oxf	ord, OX4 4HF	DX4 4HF								
Email – rhcc@oxford.gov.uk		[
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A Direct Debit Mandate must b I/We wish to apply for direct membership monthly fee and that all direct debits are a Oxford City Council. I/We have read the	of the Oxford C a binding contra	ity (act b	Cou betw	ncil veen	í i/W í my	le ag self	gree /our:	to a selv	es a	nd
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