



Rose Hill Gym Membership Application

First Name _____ Surname _____

Mr/Ms/Miss/Mrs/Other _____ Person Number (internal use) _____

Address _____

Postcode _____ Telephone number _____

Email _____ Date of Birth ____/____/____

(Optional) Do you consider yourself to be: (tick one box only)

Asian	<input type="checkbox"/>	UK – Black	<input type="checkbox"/>
African – Black	<input type="checkbox"/>	UK – White	<input type="checkbox"/>
Caribbean – Black	<input type="checkbox"/>	Other – Black	<input type="checkbox"/>
Other – White	<input type="checkbox"/>	UK – Asian	<input type="checkbox"/>
Irish – White	<input type="checkbox"/>	European (Non-UK)	<input type="checkbox"/>

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:

Name and full postal address of your Bank or Building Society



To the Manager
Bank or Building Society
Address
Postcode

Originator's Identification Number

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Branch sort code

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Bank or Building Society account number

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Name (s) of account holders

Instruction to your Bank or Building Society

Please pay Oxford city Council Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Oxford City Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature (s)
Date

A member may cancel their Direct Debit membership at any time after the initial commencement date by notifying Rose Hill Community Centre in writing with a thirty (30) day notice to the address listed below

Post – Rose Hill Community Centre, Carole’s Way, Oxford, OX4 4HF
Email – rhcc@oxford.gov.uk

Primary

Linked

A Direct Debit Mandate must be completed for all monthly payments. I/We wish to apply for direct membership of the Oxford City Council. I/We agree to apply a monthly fee and that all direct debits are a binding contract between myself/ourselves and Oxford City Council. I/We have read the conditions of use and agree to abide by them.

Member signature _____ Date _____

The Direct Debit Guarantee

This guarantee is offered by all banks and Building societies that accept instructions to pay Direct Debits.



If there are any changes to the amount, date or frequency of your Direct Debit Oxford City Council will notify you 7 days in advance of your account being debited or as otherwise agreed. If you request Oxford City Council to collect a payment confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Oxford City Council or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Oxford City Council asks you to.