



FAIRWAYS HEALTH CLUB WELCOME PACK

Dear New Member,

May I take this opportunity of welcoming you to Fairways Health Club at the Roe Park Resort. I am enclosing some useful information and documentation you may require.

In this welcome pack is important information about your membership and our Health Club operations. Please read the attached information carefully and if you have any further queries feel free to ask one of our staff for further information. Our direct contact number is **+44 (0) 28 777 60101**.

THE HEALTH CLUB RULES & REGULATIONS

A structured layout of what you need to know. Terms & Conditions. Some of the more popular questions we have been asked in the past from our members. If you feel you have more questions to be answered please don't hesitate to ask one of our staff.

MEMBERSHIP TARIFFS

All the various tariffs you can choose to suit your needs and requirements.

HEALTH CLUB MEMBERSHIP APPLICATION FORM

Must be fully completed. Please sign, date and return to the Health Club reception along with membership payment.

PRE-EXERCISE MEDICAL SCREENING

This is a mandatory requirement to be completed, signed and returned before using the facilities.

In the meantime I wish you all the best in your fitness goals.

Kind Regards

Mike Marshall

Resort General Manager
Roe Park Resort

BENEFITS OF MEMBERSHIP IN THE FAIRWAYS HEALTH CLUB

Full use of our Pool, Jacuzzi, Sauna & Steam Rooms.

20% off Spa Treatments (Mon to Fri).

Use of our locker facilities for no extra fee.

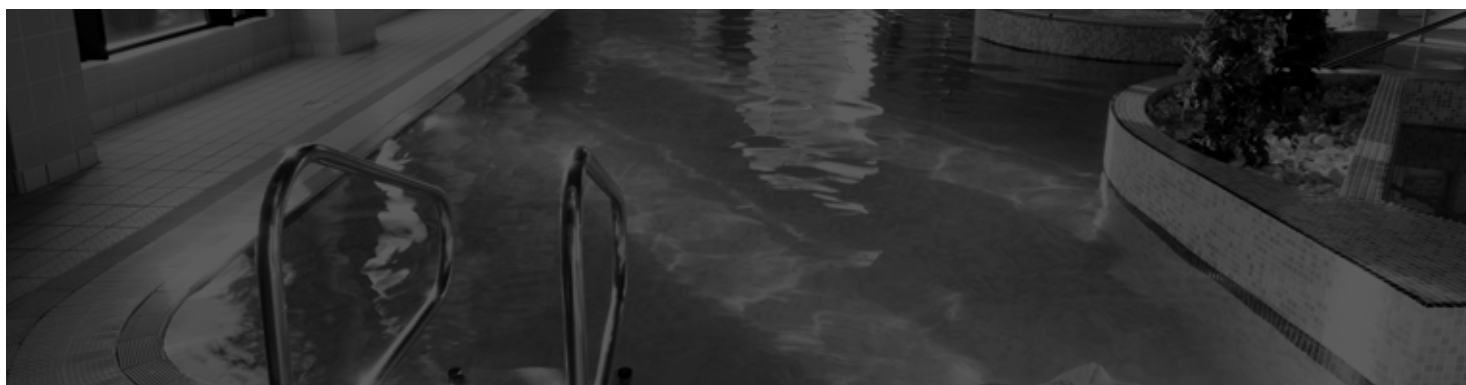
10% off Spa Products (excludes special offers).

Fully Equipped Air Conditioned Gymnasium.

Free Ample Parking.

2 FREE day passes for a family member or friend when you join.

Open 7 days a week.



HEALTH CLUB RULES & REGULATIONS

- Any person using the gym must fully complete a Pre-Exercise medical questionnaire prior to exercising.
- Only guests/members over the age of 16 are permitted to use the gym facilities.
- All guests/members must consult/register at reception prior to using the facilities on each visit.
- A laced up running shoe is the only acceptable footwear while using any of the gym equipment, no exceptions will be made.
- All guests/members must cease exercising if they feel unwell at any time and consult a doctor.
- Each machine must be wiped down with the appropriate cleaning solution and paper towel after each use.
- Replace any free weights immediately after use.
- Do not drop weight stacks, lower them gently under control.
- Report any faults with equipment to a member of staff immediately.
- Pool and gym facilities must be vacated 30 mins prior to closing time, to allow sufficient time for showering.
- Always be respectful of other gym users.
- Management reserve the right to change fees and payments without prior notice.
- Members will conduct themselves in a quiet, well mannered fashion at all times.
- Members who appear intoxicated will be refused entry.
- The management reserve the right to refuse entry at any time and to terminate memberships with immediate effect.
- The Health Club shall be entitled to make alterations, carry out repairs or maintenance without prior notice.
- The Health Club shall not be responsible for the personal belongings of the members or visitors.
- Memberships may be frozen for a period of 3 months. An administration fee of £5 per month applies.
- For 'Off-Peak' memberships - the last entry will be 30 minutes before 4pm.

MEMBERSHIP CARDS

- Membership cards remain the property of the club and all members will be required to show cards on each and every visit.
- Failure to produce your card on 2 consecutive visits will result in a need for a replacement card at a cost of £5.

GUIDELINES FOR THE WET AREA FACILITIES

1. Before entering the pool area you must shower.
2. Shower between using different wet area facilities.
3. Remove all deodorants, make-up and perfumes.
4. Read the Jacuzzi, Sauna and Steam Room rules which are prominently displayed in the pool area before using the facilities.
5. Be courteous to other users.
6. No children under 16 years old are allowed in the Jacuzzi, Sauna and Steam Room.
7. Children 6 years old and older must change in the changing room appropriate to their gender.
8. No glass or food shall be taken into the pool area at any time.
9. Running, jumping, diving or unruly behaviour is prohibited and the use of snorkels, flippers and beach balls is also prohibited.



MEMBERSHIP TARIFFS AND CONDITIONS

MEMBERSHIP CATEGORY	Conditions	One Off Payment Fee	Monthly Direct Debit Fee
12 Months Peak	Full unrestricted access during opening hours	£450.00	£40.00
12 Months Off Peak	Restricted access <i>(Monday - Friday 7.30am-4pm)</i>	£350.00	£30.00
6 Months Peak	Full unrestricted access during opening hours	£300.00	£55.00
3 Months Peak	Full unrestricted access during opening hours <i>Limited spaces available</i>	£200.00	N/A
Family (2 adults & 2 children)	Full unrestricted access during opening hours <i>For 2 adults & 2 children Must reside at the same address Limited spaces available</i>	£1100.00	£99.00
Senior Citizens (over 65's)	Full unrestricted access during opening hours <i>Must be over 65 on 1st January of membership year</i>	£390.00	£35.00
All Memberships	Joining and Administration Fee	£40.00	

GUEST DAY FEES*

Adult Day Fee	£17.50	<ul style="list-style-type: none"> * An adult must accompany children in pool areas at all times. * No lifeguard on duty. * Members must accompany guests in order to avail of discount. * All guest day admissions are subject to business levels. * Under 3 years old are free with a paying adult.
Child Day Fee	£7.50	
Member's Guest - Adult Day Fee	£10.00	
Member's Guest - Child Day Fee	£3.50	

OPENING HOURS

The opening hours are Monday to Friday 7:00am-9:00pm (last entry is 8:15pm).
Saturday and Sunday 8:00am-8:00pm (last entry is 7:15pm)

Pool and gym facilities must be vacated 30 minutes before closing time.

HEALTH CLUB MEMBERSHIP APPLICATION FORM

For Official Use

Title			<input type="checkbox"/>
Surname		Forename(s)	<input type="checkbox"/>
Other Name(s)		Date of Birth	<input type="checkbox"/>
Telephone No.		Mobile No.	<input type="checkbox"/>
Email			<input type="checkbox"/>
Address	Postcode		<input type="checkbox"/>

MEMBERSHIP TYPE

Peak Off Peak

MEMBERSHIP CATEGORY

12 Months 6 Months 3 Months Senior Family

PAYMENT METHOD

Upfront Direct Debit

INITIAL PAYMENT

Cash Credit Card Direct Debit Mandate Cheque Voucher

Membership Fee Received _____ Subs Received _____

Joining and Administration Fee Received _____ **Total Received** _____

MEMBERSHIP AGREEMENT AND DISCLAIMER

I hereby declare that I have read, understand and will abide by the rules and regulations of the Club.

Signed _____ Date _____

For Official Use Only

Start Date		Comments:
Expiry Date		
Memb. No.		
		<input type="checkbox"/> Card <input type="checkbox"/> Passes <input type="button" value="Sign"/>



LIABILITY DISCLAIMER

Liability - A member or visitor engaging in the club activities or making use of its facilities are responsible for ensuring that he or she is properly equipped and that his or her state of health and physical condition are such as not to involve any risk to him or herself or any other person making use of the club. It is hereby understood and agreed the club accepts no responsibility for accident, injury, illness or misadventure caused to or suffered by members or guests on the club premises howsoever caused. Members are responsible for their own insurance in respect of injuries suffered, loss or damage to equipment.

PRE-EXERCISE MEDICAL SCREENING

- | | |
|--|----------|
| 1. Do you have a history of heart problems? | Yes / No |
| 2. Do you have a history of lung problems? | Yes / No |
| 3. Have you had chest pains or tightness in the chest? | Yes / No |
| 4. Do you suffer from exercise induced asthma or other respiratory problems? | Yes / No |
| 5. Do you suffer from headaches/fainting/dizziness? | Yes / No |
| 6. Do you have pain/limited movement in any joint that could be made worse exercise? | Yes / No |
| 7. Do you have diabetes? | Yes / No |
| 8. Do you have epilepsy? | Yes / No |
| 9. Have you had a recent operation/chronic illness/injury? | Yes / No |
| 10. Are you pregnant/post natal? | Yes / No |
| 11. Do you know of any other reason why you should not exercise? | Yes / No |
| 12. Do you have high blood pressure? | Yes / No |
| 13. Do you have a back problem that could be made worse by exercise? | Yes / No |
| 14. Are you currently taking any medication? | Yes / No |

If you have answered yes to any questions, 1-11, we strongly recommend that you obtain your doctor's consent prior to exercise prior to using the facilities. If you have answered yes to questions 12-14, you are advised to limit your activities to a moderate intensity while using the facilities.

DECLARATION

I am aware of and understand the potential risks associated with physical exercise and I am voluntarily partaking in these activities with knowledge thereof. I have had the opportunity to ask questions regarding activities, use of equipment, and other related activities. Any questions I have asked have been answered to my satisfaction.

The questionnaire attached hereto has been completed to the best of my knowledge and belief. I understand that if there is a change in my condition at all I must inform the Health Club Management. Without prejudice to the above, Fairways Health Club, Roe Park Resort accepts no liability for loss or damage of whatsoever nature and howsoever arising caused to me or suffered by me whilst on the premises, unless such loss or liability is caused by the negligent act of the Club.

I understand that all membership fees are non-refundable. I acknowledge the membership direct debit contract is for a minimum period of 6 or 12 months (pending membership category) from date of joining; thereafter it is continuous and expires only on cancellation. I accept that I must give 30 days notice of cancellation. Failure to do so will result in the claiming of another direct debit payment. Notice of Direct Debit cancellation must be given in writing to the management of the club.

I understand that the club may from time to time make changes to the club without prior notice. I have read, understand and accept the rules, terms and conditions laid down by the club and agree to abide by them.

Signed _____ Date _____

