

APPLICATION FOR SOCIAL MEMBERSHIP 16/17

Surname		Fornar	ne		
ADDRESS:		Home	Home Tel. No		
		M obile	2 No		
		Occup	ation		
Post Code		Date o	of Birth		
E-mail Address					
I wish to become a Soc ed, agree to be bound			n Ski Club and I hereby, if elect- ub		
Signature		Date			
Proposed By		Secon	Seconded By		
The annual subscriptio	n fee of £7	73 must also b	pe paid in full upon joining.		
Method of payment:	Cash	Cheque	Credit Card (charge)		
Notes:					

- 1. Social membership is only available to adults (18 years and over)
- 2. Applicants under 21 Must Proof of Age (Passport/Driving licence)
- 3. Please allow three weeks to process your application
- 4. The membership years runs from 1st July until 30th June each year
- 5. Bearsden Ski Club cannot be held liable for injury to person in or around club property, or for loss of equipment and or possessions.

BEARSDEN SKI CLUB, THE MOUND, STOCKIEMUIR ROAD, BEARSDEN G61 3RS.

TELEPHONE No. 0141 943 1500. FAX No. 0141 942 4705

WEST OF SCOTLAND SNOWSPORT CENTRE

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Witness No	ıme Signature Signature	
Signature	Date	
I have read satisfaction	, understood and completed this questionnaire. Any questions I had were answere 1.	d to my full
•	n a fitness appraisal – this is an excellent way to determine your basic fitness so t st way for you to live actively.	hat you can
•	ered NO to all questions, you can be reasonably sure that you can start becoming ctive - begin slowly and build up gradually. This is the safest and easiest way to go	
need to rest	able to do any activity you like as long as you start slowly and build up gradually. C trict your activities to those which are safe for you. Talk to your Doctor about th participate in and follow his advice.	•
•	er YES to one or more questions: Talk to your Doctor BEFORE you start becoming ctive or BEFORE you have a fitness appraisal.	g much more
7.	Do you know of any other reason why you should not do physical activity?.	Yes / No
6.	Is you Doctor currently prescribing drugs (for example Water Pills) for your High Blood Pressure or Heart condition?	Yes / No
5.	Do you have bone or joint problem that could be made worse by a change in your physical activity?.	Yes / No
4.	Do you lose you balance because of dizziness or do you ever lose consciousness?.	Yes / No
3.	In the past month, have you had chest pain when you were not doing physical activity?.	Yes / No
2.	Do you feel pain in your chest when you do physical activity?	Yes / No
1.	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a Doctor?	Yes / No