



THE DOLPHIN SPA

MEMBERSHIP NO.

MEMBERS APPLICATION FORM WITH RULES AND REGULATIONS.

I the undersigned, hereby apply for membership to dolphin fitness center and spa.

Name _____ Age _____

Address _____ Email _____

Phone no: _____ Mobile no _____

Company _____ Occupation _____

Membership package include:

- Unlimited use of all club activities: cardio, cross track gym, free weights.
- Use of steam bath, sauna and swimming pool.
- Full health screen including fitness assessment
- A personalized exercise program.

RULES AND REGULATIONS

1. Membership once purchased is not transferable.
2. Membership will run continuously from the date of purchase until the expiry date.
3. No smoking is allowed at any time within the health club.
4. Appropriate footwear and clothing must be worn within the health club to ensure the safety of the member and to protect the equipment.
5. Sweat towel must be used in the gym.
6. Children under the age 18 are not allowed to enter the health club and /or use its facilities.

1. The health club opening hours: Saturday & Sunday from 6:00 pm to 11:00 p.m.
2. The management reserves the right of admission.
3. Applicants are required to complete the application form and enclose one passport size photo
4. In the event that your application for membership is accepted, it's understood and agreed that you will be bound by and abide these rules and regulations.
5. We offer monthly, quarterly, half-yearly and annual memberships.
6. Upon becoming a member of the health club or renewing a membership, applicants must make full payments for the period of membership applied for and being issued with membership card.
7. Part payment for membership are not permitted
8. Postdated cheques are not accepted.
9. There are no membership credit facilities.
10. Members are not allowed to continue using the health club facilities upon expiration of their membership unless renewed and the renewal period is fully paid for up front.
11. Freezing of membership periods are strictly prohibited. Freezing of memberships ought to be avoided. If unavoidable, please refer such cases to the MD. In case of genuine reasons the MD may entertain freezing of a membership for up to one moth maximum. Members must however submit a formal written request for consideration. Once a month freeze is granted, the member must hand in his membership card to be retrieved upon expiration of the freeze period. The application must be submitted while the membership is still valid and a freeze can only be granted within the validity of the membership is still valid and a freeze can only be granted within the validity of the membership. If a membership has expired there cannot be any retroactive freezing.
12. Aspiring members may test the health club facilities prior to registering by paying the daily fee.
13. Children under age 18 are not allowed to enter the health club and/ or use its facilities.
14. Members may host visitors, friends and family members above 18 years of age by paying the daily health club fee up front, as and when such a situation arises.
15. Members are required to present their membership card whenever they patronize the health club, and sign the attendance register at the gate.
16. We issue monthly, quarterly, half yearly and yearly membership cards, but only after full payment has been received for the chosen/registered membership period.
17. In case of family membership, each member is provided with a separate membership card.
18. Its prohibited to swap or exchange membership card with anybody whatsoever. Only those whose names and photos are shown on membership cards are allowed access to the health club.
19. Members wishing to extend their membership are requested to fill respective renewal form and pay in full for their membership extension in good time to ensure consistency.
20. Membership is not transferable and non-refundable.
21. Any member without a valid and fully paid up membership card will not be allowed to use the health club facility.
22. Partial memberships are not permitted. We only offer full membership, which include all the physical activities inside the health club area.

23. We do not assign permanent lockers to members. Members have the right to a locker as assigned by the gate attendant and members are personally responsible for the locker key, the member shall be held responsible for the cost for replacement of the locker lock.
24. Members are issued with towel. The loss or willful destruction of towels shall be charged to the members.
25. Members are requested to drop used towels at the towel basket and return keys to the gate attendant.
26. Disorderly, rude or offensive behaviors will result to termination of membership.
27. Smoking is prohibited in all areas of the fitness center
28. Appropriate sporting cloths and shoes must be worn in the gym at all the time.
29. Members are required to exercise care while using the fitness Centre equipment's. Cost of repair, loss and replacement due to willful damage will be charged to the members concerned.
30. The management shall not be liable for any loss to the property of a member or guest: neither shall the hotel be liable for personal injury or death of any member or guest.
31. A member shall indemnify the Hotel or owners of Dolphin Spa against or any claim, actions and proceeding by the guests of that member and other claiming through that member in respect of such loss damage or injury.
32. The management has its own discretion may revise the rates from time to time.
33. The management reserves the right to review rules and regulations of the health club from time to time, or as when deemed necessary.
34. For reasons of health club, safety and hygiene, all members and guests shall:
 - Shower before entering the facilities such as sauna steam bath and swimming pool.
 - Not consume, store or bring into changing room or wet areas, food or alcohol beverages of any kind.
 - Not shave in the steam room, sauna or showers.
 - Not blow nose while in the shower.
 - Not spit on the floor
 - Not to tamper with steam, sauna temperature control points. Incase assistance is required please call the attendant who will assist you.
35. Health drinks will be available for sale
36. Members shall not use the steam, sauna room or swimming pool while under influence of drugs or medications, including alcohol that may cause drowsiness.
37. Members with diabetic, hearth diseases, high or low blood pressure should first consult their doctor and submit a doctor's certificate. The management will not accept any liability whatsoever.
38. Pregnant members should check their medical doctors on their medical fitness prior to the use of Dolphin fitness & Health center facilities.
39. Members are advised to check with their doctors on their medical fitness prior to the use fitness Centre facilities.

I accept terms and conditions stipulated above

Name in full _____

Sign _____ **Date** _____

DOLPHINE FITNESS AND HEALTH CLUB

Name _____ Date _____

Address _____ Email _____

Tel No _____ Mobile _____

Doctor's Name _____ Tel _____

WHOM SHOULD WE CONTACT INCASE OF EMERGENCY?

Name _____ Tel _____

Do you have now, or have you had within the first year any of the following? If you tick YES to any of the question below, please explain in more detail in the space provided.

HEALTH HISTORY AND LIFESTYLE QUESTIONARE

	YES	No
• History of hearth problem	<input type="checkbox"/>	<input type="checkbox"/>
• High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have chronic condition such as asthma, epilepsy, diabetes or any other chronic condition that the staff of the health club should be aware of.	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently on medication prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have muscle, joint or back disorder that could be aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have history of lung problem?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you smoke now or have you ever smoked?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever has an operation or any major injuries in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you pregnant or have you had a baby or miscarriage within the last six months	<input type="checkbox"/>	<input type="checkbox"/>
• Do you sometimes feel faint or have dizzy spells?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any illness not listed above?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of the above question above, please explain your answer in the space below _____

LIFESTYLE QUESTIONNAIRE

- | | YES | No |
|--|--------------------------|--------------------------|
| 1. Do you participate in any other physical activity?
If YES what type? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you following a particular diet?
If YES what type? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Please circle your reasons for exercising
Lose weight / gain weight / gain strength / gain endurance / feel fitter / improve at my sport
/ doctor's advice / social reasons / stress relief /
If others, what? _____ | | |
| 4. Please circle how you would describe your present physical conditions:
Unwell / underweight / overweight / unfit / ok / healthy / fit | | |

In certain circumstances, the club may ask that you obtain a physician release before exercising with us. Existing condition may predispose you to injury.

WAIVER

I _____ have volunteered to participate in a program, of progressive physical exercise. To the best of my knowledge, I do not have any physical, mental or any such condition or disability, which would preclude this kind of exercise or render danger to my health or affect or aggravate such existing condition, to endanger my life or health. I confirm that I have made disclosure of all information required in the questionnaire and that I have not willingly concealed any information on my health. I further undertake to indemnify dolphin health club from any actions arising out of any injuries that I may incur because of non-disclosure or partial disclosure of details in the questionnaire concerning my health while participating in this program.

Signature _____ Date _____