



Leisure Pass Application Form

Applicants name (1):.....Date of Birth.....

Address:.....

Telephone:(H).....(W).....(Mob).....

Marital Status:.....Occupation:.....

Company Name:.....Email:.....

Applicants name (2):.....Date of Birth.....

Address:.....

Telephone:H).....(W).....(Mob).....

Doctors Name: **Applicants name (1)**.....**Contact No:**.....

Applicants name (2)..... **Contact No:**.....

Children's Names:.....Date of Birth.....

.....Date of Birth.....

.....Date of Birth.....

I wish to apply for the following Leisure Pass: (Please Circle)

- | | |
|--|--|
| <input type="checkbox"/> Single Pool Only | <input type="checkbox"/> Family Pool Only |
| <input type="checkbox"/> Family Pool & Gym | <input type="checkbox"/> Single Gym Only |
| <input type="checkbox"/> Single Pool & Gym | <input type="checkbox"/> 1 Adult & 4 Child Pool Only |
| <input type="checkbox"/> Dual Pool Only | <input type="checkbox"/> 1 Adult & 3 Child Pool Only |
| <input type="checkbox"/> Dual Gym Only | <input type="checkbox"/> 1 Adult & 2 Child Pool Only |
| <input type="checkbox"/> Dual Pool & Gym | <input type="checkbox"/> 1 Adult & 1 Child Pool Only |
| <input type="checkbox"/> Student/Golden Yrs (60+) Pool Only | <input type="checkbox"/> Youth Pool Only |
| <input type="checkbox"/> Student/Golden Yrs (60+) Gym Only | <input type="checkbox"/> Add Child Under 16 Years |
| <input type="checkbox"/> Student/Golden Yrs (60+) Pool & Gym | <input type="checkbox"/> Add Child Over 16 Years |

I would like this leisure pass for: (Please Circle)

3 months

6 months

12 months

For Office Use Only:

Type of Pass:

Amount Received:

Method of Payment:

Assigned Leisure Pass Number: Card Issued: Staff Signature:
Health Questionnaire: **Yes** **No**

Does your physician know you are participating in an exercise programme? () ()
 Has your physician ever recommended that you do **not** partake in exercise? () ()
 Are you now, or have you been pregnant in the last 3 months? () ()
 Have you had any recent operations in the last 5 years? () ()
 Please specify.....
 Do you have any allergies? () ()
 Please specify.....
 Has your doctor ever told you that your cholesterol level was too high? () ()
 Are you taking any medication?
 Please specify.....
 Blood Pressure: High Normal Low
 When was the last time you had it checked?.....

Do you have a history any of the following?

Diabetes () ()
 Epilepsy () ()
 Varicose Veins () ()
 Arthritis () ()
 Have you ever had a joint problem from an injury? () ()
 Please specify.....
 Do you suffer from any pains & Aches in any joints? () ()
 Do you suffer form any back related conditions? () ()
 Have you a tendency to breathlessness or asthma? () ()
 Are you a smoker?.....How many per day?.....
 Is there a family medical history of heart disease? () ()

What is your main reason for taking out a Leisure Pass?.....

 What are your main hobbies and interests?.....

Where did you hear about the centre? (Please Circle)
 Referral Source, Newspaper, Colleagues, Staff, Other (please specify)_____

A physician's examination should be obtained by all participants prior to involvement in any exercise programme.

I understand the nature of this Health Questionnaire & that there are risks & dangers inherent in physical exercise, and I agree to release, discharge, absolve and hold harmless **Enniscorthy Swimming Pool & Leisure Complex Ltd.**, heir agents & employees & instructors from any & all liability arising out of any accident, injury or loss sustained by me, as a result of activities at, or present in the centre.

Signed:.....Date.....
 Received by:.....Date:.....