

EOBA Gym Membership



- Please fill out all necessary details including your method of payment and the direct debit mandate, (if applicable). It is important that the medical questionnaire is completed and signed as well as the terms and conditions of the contract.
- The minimum age for members is 16 unless approved by the Gym Manager.
- Concession rates apply to disabled users.
- We will need to take a photo of you at reception to put with your membership details.

IMPORTANT - DATA PROTECTION

EOBA collects and processes information about gym members. In signing this form, you are giving consent for your personal and sensitive information to be processed. EOBA has procedures in place to ensure that all information held about you will be dealt with confidentially, held securely and only processed in accordance with East Oakland Boxing Association confidentiality requirements. EOBA may wish to contact you for marketing purposes.

Thank you for taking time to complete your application carefully and we look forward to welcoming you to our gym.

Member Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Preferred Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Address:			
City, State:		Postcode:	
Home number:	<input type="text"/>	Mobile number:	<input type="text"/>
Email: <input type="text"/>			
Do you declare a disability? If Yes <input type="checkbox"/> No <input type="checkbox"/>			
yes, please specify:			
<input type="text"/>			

Emergency contact details

Contact name:	<input type="text"/>	Home number:	<input type="text"/>
Relationship:	<input type="text"/>	Mobile number:	<input type="text"/>

Office Use Only

Induction date:	<input type="text"/>	Membership type:	<input type="text"/>
Membership:	<input type="text"/>	Payment type:	<input type="text"/>
Staff name:	<input type="text"/>	Staff signature:	<input type="text"/>

EOBA Gym Membership



Membership Type

With our memberships there are a few payment options, we offer a choice that is either most cost effective or more convenient for you. All gym members are required to undergo an induction before using the gym. Please indicate the type of membership you require.

Membership Option

___ monthly ___ 6-month ___ 12 month

Monthly Membership	\$60/month	\$720.00/year
6 months	\$55/month	\$330/every 6 months (\$660/year)
12 months	\$50/month	\$600/year

Consent to exercise

- Exercising is an essential part of supporting a healthy lifestyle. Some people however are unable to take part fully due to illness or other medically restrictive reasons. It is therefore important that the following questions are answered fully and honestly to enable us to ensure that our members can exercise safely.
- Please ensure that you sign the declaration below.
- If you are under 18 a parent or guardian must also sign.
- If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf

Physical Activity Readiness Questionnaire (PARQ)

	Yes	No
Have you, for any reason, been unable to exercise in the past?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Has your physician ever advised you against exercising?</u>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any cardiac (heart) related illness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from respiratory difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fainting, migraines or loss of balance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any bone, joint or muscle related disease?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Have you experienced chest pain whilst exercising?</u>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have elevated cholesterol levels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to any of the above, please give details below. All information is held in strictest confidence and accessible only by the gym manager and relevant staff.

I confirm that all the answers above are true to the best of my knowledge, and I believe I am able to participate in exercise at East Oakland Boxing Association.

Signature: _____

Date: _____

The person making this application is under 18 or unable to sign themselves. Therefore, I confirm that I will be taking responsibility for this person's declaration.

Name: _____

Relationship: _____

Signature: _____

Date: _____

Terms and conditions

Please read the following carefully and sign the declaration below. If you are under 18 a parent or guardian must also sign. If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf.

- You must sign in via the Procure System upon arrival and sign out prior to departure.
- Members are restricted to the use of the gym facilities between the designated hours Monday to Friday, and all day and appointments on Saturday and Sunday. (Weekend appointments will be implemented at a later date in 2022.)
- Members who opt for a direct debit membership agree to join for a minimum of 6 months. The first month is payable in advance by cash or credit/debit card. This will continue until the membership is terminated. Direct debits will be taken on the first Friday of each month.
- To cancel a direct debit membership, members must give one month's written notice. Prepaid memberships are non-refundable.
- The gym is for the use of EOBA members only, therefore guests are not allowed.
- During busy periods please limit your time on popular equipment such as the treadmills.
- For reasons of health and safety, members must adhere strictly to the following:
 - All free weights are to be returned to their racks after use.
 - Cups and mugs are not allowed in the gym or studio.
 - Gym/athletic attire must be worn at all times.
 - Suitable footwear should be worn at all times.
 - Offensive language or behavior will not be tolerated.
 - Clashing weights, excessive noises and mistreatment of equipment will not be tolerated.
- Anyone thought to be under the influence of alcohol or drugs will be ejected and their membership will be reviewed.
- If, for any reason, a direct debit payment fails to credit our account, membership will be suspended until payment resumes or another payment method is used.
- EOBA management reserve the right to exclude any member they deem not to be adhering to any of the above or who by their actions poses a health and safety risk to others.

Declaration

I confirm that all the answers above are true to the best of my knowledge, and I believe I am able to participate in exercise at East Oakland Boxing Association (EOBA).

Signature: Date / /

The person making this application is under 18 or unable to sign themselves. Therefore, I confirm that I will be taking

Name: Relationship:

Signature: Date / /

How did you hear about us?

Friend/family	<input type="checkbox"/>	Website / online search engine	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>	Driving / walking past	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>		

East Oakland Boxing Association
816 98th Ave
Oakland, CA 94603
Website: www.eoba.org
Phone: 510-430-8056