



# **MEMBERSHIP APPLICATION PACK**



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## **Clare County Council – Sports & Recreation Unit - Active Ennis/Kilrush Privacy Notice**

In order to provide the most effective and targeted range of Sports & Recreation facilities to meet the needs of the citizens of Clare County we will be required to collect, process and use certain types of information about people applying for sports and leisure related services. Depending on the service being requested the information sought may include 'personal data' as defined by the Data Protection Acts and by the General Data Protection Regulation (GDPR) and may relate to the personal circumstances of you (as applicant) and members of your group who may also be part of the application. In addition, staff may be required, from time to time, to collect, process and use certain types of personal data to comply with regulatory or legislative requirements.

### **Why do we have this privacy notice?**

Clare County Council has created this privacy statement in order to demonstrate our firm commitment to privacy and to assure you that in all your dealings with Clare County Council that we will ensure the security of the personal data you provide to us.

Clare County Council creates, collects and processes a vast amount of personal data in various multiple formats on a daily basis. Clare County Council's commitment is that the personal data you may be required to supply to us is;

- Obtained lawfully, fairly and in a transparent manner
- Obtained for only specified, explicit and legitimate purposes
- Adequate, relevant and limited to what is necessary for the purpose for which it was obtained
- Recorded, stored accurately and securely and where necessary kept up to date
- Kept only for as long as is necessary for the purposes for which it was obtained.
- Kept in a form which permits identification of the data subject
- Processed only in a manner that ensures the appropriate security of the personal data including protection against unauthorised or unlawful processing.

### **Legal basis for the collection, processing and sharing of personal data as part of the Sports & Recreation provision.**

Clare County Council may, for the purpose of its functions under the Local Government Reform Act 2014, request all the information contained in the Sports & Leisure related forms which have been devised by the Sports and Recreation Unit, Social Development Directorate.

### **Types of Personal data required**

In advance of completing the form/s applicable to your application, you should read through the terms and conditions enclosed in this booklet. You should take care to answer all of the questions fully where these are relevant to you.

### **How your personal data will be used/processed by the Sports and Recreation Unit.**

#### ***Phone numbers and email addresses***

A contact mobile phone number and email address is required on some forms. We may use this number to contact you by text (or email) as well as by phone. We will only contact you about matters that affect your application. No texts (or emails) will contain any information that could be used to identify you i.e. your name, so that if your phone is lost/stolen the messages could only be matched to the mobile phone the text was sent to.





# ACTIVE ENNIS LEISURE COMPLEX

## MEMBERSHIP APPLICATION



Title	First Name	Surname
Address		
Tel: Mobile	Tel: Home	Tel: Work
<b>Emergency Contact</b>	Name:	Mobile No:
Date of Birth:	Email:	Employers Name: (if applicable)

### MEMBERSHIP OPTION(PLEASE TICK IN EACH SECTION WHERE APPLICABLE)

Type	Facilities	Payment Type	Areas of Interest	How did you hear about us?
Single <input type="checkbox"/>	Gym & Pool <input type="checkbox"/>	Paying in Full <input type="checkbox"/>	Adult <input type="checkbox"/>	From other people <input type="checkbox"/>
Couple <input type="checkbox"/>	Gym Only <input type="checkbox"/>		Swimming Lessons <input type="checkbox"/>	Used casually <input type="checkbox"/>
Family <input type="checkbox"/>	Pool Only <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	Kids Swimming Lessons <input type="checkbox"/>	Newspaper/ Radio Ad <input type="checkbox"/>
Golden Years <input type="checkbox"/>	6 Months <input type="checkbox"/>		Kids Activity Camps <input type="checkbox"/>	Other _____
Corporate <input type="checkbox"/>	12 Months <input type="checkbox"/>		Teen Activities <input type="checkbox"/>	_____
Student <input type="checkbox"/>			Aqua Aerobics <input type="checkbox"/>	_____
Unwaged <input type="checkbox"/>			Active Retired Classes <input type="checkbox"/>	
Special Offer <input type="checkbox"/>				

### PARTNER/SPOUSE/CHILDREN DETAILS (IF APPLICABLE)

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

By signing below, you are accepting the terms and conditions of your membership which are on the back of this form. Please take time to read them. Should you have any further questions, do not hesitate to ask us.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### STAFF SECTION ONLY

Payment Received: € \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_

Payment method:  
 Cash ☐  
 Cheque ☐  
 Card ☐  
 Gift Voucher ☐

Member Details:  
 New member ☐  
 Renewal ☐  
 Key Fob needed ☐

Active Ennis Leisure Complex, Highfield Road, Ennis, Co. Clare

Tel: 065-6821604

Fax: 065-6823655

Email: info@activeennis.ie

Web: www.activeennis.ie

## Health Screening Form

Name: \_\_\_\_\_ **Contact details for next of kin:**  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Please tick if you have or have had any of the following:**

**Primary risk factors for cardiovascular disease:**

1. History or family history of heart disease
2. High blood pressure
3. Smoking Habit
4. Diabetes
5. High Cholesterol
6. 10kg or more over weight
7. Inactive for more than 5 years

**Yes**


**No**


**If you answer yes to 2 or more of the following, a G.P.'s clearance is required before any exercise.**

**Risk factors for illness or injury:**

1. Breathing disease(asthma, bronchitis etc)
2. Surgery in the past 6 months
3. Pregnancy within last 6 months
4. Back, muscle or joint disorder

Details: \_\_\_\_\_

5. Incidents of seizures, blackout or fainting

6. Taking medication

Details: \_\_\_\_\_

7. Suffer from any allergies

Details: \_\_\_\_\_

8. On a special diet

9. Smoking Habit

**Yes**


**No**



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What exercise do you do on a regular basis?

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Are there any other details we should be aware of?

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**N.B If any details change e.g. a new injury, please inform gym staff so they can add details to your screening form.**

# DIRECT DEBIT MANDATE (SEPA)

Unique Mandate Reference \_\_\_\_\_

Unique Mandate reference (UMR) – to be completed by **Active Ennis Leisure Complex/Clare County Council**

By signing this mandate form, you authorise (A) **Active Leisure Complex/Clare County Council** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Active Ennis Leisure Complex/Clare County Council**.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank.

A refund must be claimed within 8 weeks starting on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

## Please complete all the fields marked \*

The amounts are variable and may be debited on various dates. I/we understand that Active Ennis Leisure Complex/Clare County Council may change the amounts and dates only after giving you prior notice. I/We shall inform the bank in writing if I/We wish to cancel this instruction. I/We understand that an appropriate administration fee may apply in the event of the default.

Creditors Name: **Active Ennis Leisure Complex / Clare County Council**

Creditors Identifier: 301345

Creditors Address: Aras Contae An Chlair, New Road, Ennis, Co Clare

Type of payment: Recurring payment

Debtor Name(s)\* \_\_\_\_\_  
\_\_\_\_\_

Debtor Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor –IBAN number\* \_\_\_\_\_

Debtor bank BIC number\* \_\_\_\_\_

Date of signature\* \_\_\_\_\_

Signature(s) \* \_\_\_\_\_  
\_\_\_\_\_

Please return this mandate to **Active Ennis Leisure Complex/Clare County Council** at the above address.

## **1. Membership Application**

The member is responsible for ensuring that the Complex has up to date information including address, telephone number and email address. When renewing your 12 month membership within 1 month, you will receive 2 months free. This does not apply to special membership offers.

## **2. Membership Identification**

In order to avail of student membership you will need to provide written confirmation from your school/college confirming that you are in full-time education.

In order to avail of unwaged membership, you will need to provide a discount service card, or written confirmation from social welfare confirming you are in receipt of social welfare.

We may require proof of age for our Golden Years membership.

We may require written proof of disability for our Special Needs Membership.

Our corporate membership rates are available when 10 or more people from the same company join at the same time. Written confirmation from your employer will be required.

A couple membership applies to 2 persons co-habiting at the same address and proof of same may be required.

A family membership is made up of 2 adults and up to 4 children under the age of 18, residing at same address.

## **3. Payment of Membership Fees**

Membership must either be paid in full or through the Direct Debit option.

## **4. Direct Debit Payment Scheme**

Members joining by Direct Debit must provide us with a completed Direct Debit Mandate Form and the required deposit. It is your responsibility to ensure that your nominated account can accept direct debits. Direct Debits are taken on or just after 15<sup>th</sup> of every month. You will find outlined below what will happen if your Direct Debit fails.

### **4.1 The Direct Debit details you gave us were incorrect**

You will be asked to complete a new Direct Debit Mandate form which we will forward to your financial institution. Any fees owing will have to be paid at the Complex before use of the facilities is reactivated.

# **TERMS & CONDITIONS FOR MEMBERS**

## **4.2 There are not enough funds in your account**

In these circumstances, you will be contacted by us and asked to pay the outstanding fees owed before use of the facilities is reactivated. In the event of a Direct Debit failing on more than one occasion during the term of your membership, your membership will be cancelled and if you rejoin at a Later dates you will be unable to avail of the direct debit option.

## **5. Membership Identification**

A key fob is issued to you at time of joining. This must be used at all times to gain access to the facilities. **There is an €8 charge for a replacement key fob.**

## **6. Suspension of Membership**

Suspension of membership is only permitted on medical grounds. You can request a medical suspension for up to 6 months (9 months for pregnancy) and you must submit a letter from your doctor stating your incapacity to train. A letter from your doctor may also be required on the re-activation of your membership stating your ability to commence physical activity again.

## **7. Cancellation of Membership**

If you wish to cancel your membership, you must inform us in writing. Cancellation will only be recognised once this letter is received.

**There are no refunds on membership fees/deposits.**

## **8. Special Events**

Management reserves the right to utilise the Complex facilities for special events. We will ensure to give sufficient notice in the event of this happening.

## **9. Termination of Membership**

Membership of the Complex can be terminated by Management for violation of any rules or regulations of the Complex or for conduct deemed to be detrimental to the welfare, good order or character of the Complex, it's staff and general public. **There are no refunds on membership fees.**

## **10. Loss of or Damage to Property**

The Member agrees that the Complex is not liable for any lost, damaged or stolen property in or about the Complex or in lockers. This includes,

but is not limited to, automobiles and the contents thereof.

## **11. Damage/Misuse to Facility Equipment**

The Member must adhere to the rules put in place to ensure proper use and care of the equipment, to ensure the safety of all users and must always follow the direction given from instructors/staff.

## **12. Maintenance of Facility and Equipment**

The Complex will use its best endeavours to ensure that all facilities, apparatus and equipment are maintained and in working order but the Complex accept no responsibility to the Member for failure or breakdown of any equipment or apparatus howsoever caused.

## **13. Risk Warning**

The Member expressly agrees that all use of the Complex's facilities, exercise equipment, exercise machines, etc, is undertaken by the Member at his/her sole risk. The Member further agrees that the Complex is not liable for any injuries or damage to any Member, or casual user.

## **14. Your physical condition**

The Member acknowledges that he/she is in good health and not, to the best of their knowledge, unable to participate in physical activity. It is a requirement that all users complete a health screening form and participate in an induction with one of our qualified fitness instructors. It is the responsibility of the member to ensure that the details of their medical history and medical conditions are true and accurate. We strongly advise you to take expert advice before commencing any exercise programme if you are in any doubt of your ability to engage in exercise. A letter from your doctor may be required.

## **15. Amendment to Conditions**

The Management of the Complex reserves the right to amend and add to these conditions of membership and rules as it sees fit and the Member shall observe any amended or additional conditions.

## **16. Acceptance of Terms and Conditions**

On joining the Complex, the Member automatically accepts and agrees to be bound by these conditions of membership of the Complex.

I have read and agree to the terms and conditions of membership

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **RECEPTIONIST CHECKLIST SHEET FOR MEMBERSHIP** **BOOKLET**

All areas of the form signed fully by the **Client** i.e.

- ☐ Membership Application
- ☐ Health screening Form
- ☐ Direct Debit mandate
- ☐ Terms & conditions for members.

All areas of the Form signed by **Staff member** who took in the membership i.e.

- ☐ Membership application
- ☐ Health screening form
  
- ☐ Ensure Deposit is paid & Dates are correct if D.D