

Leisure Centre Registration Form

Full Name:			
Title:		Birth Date:	

Please tick from the list below which status level applies to you:			
Adult		Student*	
Senior Citizen		Income Support*	
Junior		Disabled Person	
Club/ Host**			

* Proof is required to enable you to claim these concessionary rates.

Students will be required to show their current N.U.S Card.

Senior Citizens will be required to show proof that they are over the age of 60 years old.

People claiming Income Support will be required to show their current benefit book.

** For club bookings the person to whom the bookings are to be billed must complete this form.

Property Name/ Number:			
Street:		Village:	
Town:		County:	
Postcode:		Emergency Contact No:	
Home Tel No:		Mobile Tel No:	
E-mail:			

To ensure your safety in using the leisure facilities at the centre, please give details of any medical conditions; regular medication; dietary requirements; mobility requirements or impairments and any further details that we need to know about that could affect you whilst undertaking exercise you are advised to state them in the space below.

Please state details:	
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Swimming Lessons

If registering for swimming lessons what is your preferred language?	English		Welsh		Either	
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Use of Fitness Suite

Have you attended an induction course of the Fitness Suite at one of Ceredigion County Council Leisure Centres?	Yes		No	
If yes, where?				

We will use your personal data that you give in this form, to provide the services requested, maintain accurate records, and, if you agree, to send you marketing information about events or services that we offer. For further details regarding how we handle your data, please visit: <https://tinyurl.com/y842mcpz>

If you are under the age of 18, your Parent/ Guardian must read the following statements and sign on your behalf. If you are 18 years of age or over, you must read the following statements and sign yourself:

The information I have given on this form is true to my knowledge	
I consent for my child to receive medical treatment in an emergency	
I consent to visual images and/or audio-visual material being used by Ceredigion Actif, which may include publicity in the press, the web and other media	
I would like to receive information about activities and events via email and/ or post	
I will inform Ceredigion Actif immediately of any changes to the information provided	

Signature:	
Date:	