

### Photographic consent (please tick)

I agree to have my photograph taken for the sole purpose of membership identification within the BeActive scheme.

Yes  No

### Emergency contact

Name

Telephone number

### Please tick those activities you would like us to contact you about

(tick as many or as few as you would like)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Swimming           | <input type="checkbox"/> Swimming lessons           | <input type="checkbox"/> Health & fitness          | <input type="checkbox"/> Racket sports |
| <input type="checkbox"/> Dry side courses   | <input type="checkbox"/> Birthday parties           | <input type="checkbox"/> Outdoor activities        | <input type="checkbox"/> Team games    |
| <input type="checkbox"/> Clubs & societies  | <input type="checkbox"/> Competitions & tournaments | <input type="checkbox"/> Concerts & tribute nights |  |
| <input type="checkbox"/> Holiday activities | <input type="checkbox"/> Activity for teenagers     | <input type="checkbox"/> Do not contact me         |  |

### Declaration

I declare the above information is true and I agree to abide by the terms and conditions, which apply to my use of the 'BeActive' Card. I understand that should my eligibility for concessionary rates cease before the expiry date of my card I shall notify the original issuing centre and return the card issued to me. I have no objection to the information I have given being held on a computer register. I understand that a photographic image will be held to prevent fraudulent use of the card.

### Data Protection

All information provided will be treated in confidence in accordance with the Data Protection Act 1998 and held within the legal requirement period by Shropshire Council. No information will be given out to third parties.

Signed

Date

**For applicants under 18 years old only - As a parent or guardian of the applicant, I have read and understood the Terms and Conditions of Membership and agree to accept responsibility for the applicant.**

Parent/Guardian signature

Date

### OFFICE USE

Membership Number  Issue Date

Concession Rate application  Yes  No

Evidence provided

Issuing Officer Print  Signature

Issuing Centre



# BeActive Membership Application Form

**PERSONAL DETAILS** *(please tick the one that applies to you)*

- Age group**  under 18 (junior)  under 18 (junior)  **Concessory rate**  **Re-application**   
 18+ (adult)  18+ (adult)   
 60+  60+

First name  Last name  Date of birth

Title *(how would you like to be addressed?)*

Postcode  Property name or number

Address

Town

Home telephone  Mobile telephone

E Mail

**How would you prefer to be contacted:** Email  Letter

**Do you consider yourself disabled?:**  No  Yes (indicate below)

**Disability categories** *(please tick as appropriate)*

- Visual  Hearing  Mobility  Cognitive  Learning  Mental health disability  I consider myself disabled  I do not consider myself to be disabled

**Ethnic origin** *(please tick the one that applies to you)*

- Asian Bangladeshi  Asian British  Asian Pakistani  Asian Indian  
 Black African  Black Caribbean  Black Other  Chinese  
 Mixed Asian & Black  Mixed White & Asian  Mixed Other  White UK  
 Black UK  White Irish  White Other  Eastern European  
 Other

## Other Membership Schemes

We offer a number of specific discounted membership packages including Aspire Fitness Suite only, Swim Only and Aspire Fitness Suite & Swimming, peak or off peak. For details of various membership options please visit [www.shropshire.gov.uk/leisure](http://www.shropshire.gov.uk/leisure), call into your local leisure centre or telephone 0345 678 9000.

**How did you hear about us?** *(please tick the one that applies to you)*

- Newspaper  Radio / TV  Leaflet / flyer  Magazine  Poster  
 Word of mouth  Website  E Mail  Letter

**Do you have a medical condition that requires special assistance/support?** *(please tick)*

- Yes  No

If yes, please provide details here:-