



Welcome to OPEN Gym

Induction

Once you have completed your Gym Membership, Standing Order and Liability Disclaimer form as well as the Physical Activity Readiness Questionnaire (PARQ), the next thing you will need to do is book an induction. You must do this before you can start using the OPEN Gym.

To book an induction please email fitness@opennorwich.org.uk

Membership Cost

OPEN Gym is one of the cheapest gyms around. It's £10 a month payable by Standing Order. The great thing about OPEN Gym is when you pay for a membership you know that you are supporting young people. All gym usage and classes for them are free! We strongly feel by having this ethos we are making fitness accessible for all.

Age

OPEN is also a youth venue. Because of this we have separate classes for young people aged 12 – 17 and then other sessions for adults 18+.

Classes

Members	£3
Non Members	£7

Please refer to your timetable but we have a range of classes. These include: Circuits (Functionality Fitness), MMA, Running and Boxing.

For more information about the gym and classes on offer visit our website or to book please call the team on 01603 763111.



Liability Disclaimer

FOR GYM MEMBERSHIP AND USE OF EQUIPMENT

1. I confirm that I am a member of the OPEN GYM and have paid my subscription for the current month.
2. I have completed the Membership Application Form
3. I can confirm that I am familiar with the equipment in the Gym and have had sufficient training on the equipment to be able to use it responsibly;

I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any exercise programme, sport or physical activity. I hereby waive all claims against OPEN, its officials and employees, for any and all claims for injuries or damages that I might sustain.

I understand that there is risk of injury associated with participating in any exercise programme or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being.

I certify that all of the information I have provided is correct and true.

All applicants must sign. Parents or guardians must sign a consent form if applicant is UNDER 18.

Code of Conduct

The OPEN Gym is a fantastic opportunity to get fit and learn a new skill.

We have put the Code of Conduct in to help support participants' learning and make sure we are as positive in our approach as possible. We hope you can see the benefits and support the Code of Conduct.

It is imperative that everyone involved with the OPEN Gym represents us in a positive manner. We expect our participants to set the hallmark in sportsmanship, conduct and overall behaviour for all the other Gyms/clubs involved in fitness and martial arts.

Here are a few rules and guidelines:

- Respect the gym. Leave things as you found them. This includes not taking things that aren't yours.
- Respect other people. Don't mess with other people's things. Don't interfere with their workout.
- No foul language.
- If you see something out of place bring it to the Coaches' attention.
- You know the difference between right and wrong DO WHAT'S RIGHT! (if you don't know the difference, ask the coach)
- Display and promote high standards of behaviour.
- Promote fair play and behave within the spirit of the rules.

- Always respect the Coaches' decisions.
- Never engage in offensive, insulting or abusive language or behaviour.
- Avoid bullying, intimidation and poor behaviour.
- Always do your best.
- Don't cheat, complain or waste time.
- Never be rude to other participants, spectators or Coaches.
- Listen to your Coaches and respect what he/she says

I understand that if I do not follow the code, action may be taken.

I agree to the above Liability Disclaimer and consent to the Code of Conduct, and fully understand the expectations and why they are in place.

Name: _____

Signature: _____

DATE: _____



Personal Details / Participant		
First Name	Surname /	
D.O.B.	Male	Female
Address /		
Postcode /	School or College	
Home Tel /	Mobile /	
Email /		

Personal Details / Parent / Guardian / Carer		
First Name /	Surname /	
Address /		
Postcode /	Relationship /	
Home Tel /	Mobile	
Email	Please tick if you DO want to receive information about: Youth activities <input type="checkbox"/> Gigs and events <input type="checkbox"/> Latest News and Offer <input type="checkbox"/> <i>You can unsubscribe at anytime. See our website for our full Privacy Policy</i>	

Medical Information /		
Does the participant have a medical condition that we should be aware of (e.g. asthma, epilepsy, allergies) or is the participant taking any medication?* <i>*Please note that OPEN will only use any medical information that you provide (a) for health and safety purposes to ensure that it is safe for the participant to carry out the activity, (b) to make any necessary adjustments so that everyone can fully enjoy the activity regardless of their ability and (c) to disclose to the emergency services in the event that the participant suffers an accident, injury or needs medical assistance whilst on our premises or during the activity.</i>		
Do you consent to OPEN collecting and using this medical information for the above reasons? <i>If so, please tick "yes" opposite. If you do not give consent, unfortunately the participant will not be able to take part in the activity (as we need to know of any medical conditions so that it is safe for them to take part).</i>	Yes	
	No	

Media & Activity Consent /

I give permission for photographs and film to be taken of me and the participant and understand that such media may be used to publicise OPEN either through public display, publication, on social media and other promotional materials or as part of funding reports/applications.

Signed /

Print /

OPEN Agreement /

OPEN wants everyone who uses the venue to have a good time and to ensure that it remains a safe and enjoyable place. By signing this form you are agreeing to respect the OPEN guidelines*.

Signed /

Print /

CLIMBING - Parental Consent

I am aware that climbing is an activity with a danger of personal injury or death. I have understood the nature of the activity and accept the risk involved. I confirm I am the parent/guardian of the above named child and that I agree for him or her to take part in climbing at OPEN. I agree to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics.

For further information about how OPEN uses your personal information or the personal information of the named child, including any medical information submitted, please see the Privacy Policy on our website (<https://opennorwich.org.uk/privacy-policy/>)

SIGNED (parent/guardian only)

Date

BMC Participation Statement

The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement

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PLEASE COMPLETE

This form will be filed and stored separately from the above consent form to ensure that the personal information below is kept anonymous. By completing this form, you acknowledge that we will use your information for statistical analysis, to produce reports and make funding applications, and may be shared with OPEN's funders or other third parties for the purposes of fundraising or monitoring OPEN's performance.

Please note that this information will always be kept completely anonymous, but is required to assist obtain funding so that OPEN can continue to help young and vulnerable people within the community.

For further information on how we collect and use personal data, together with your privacy rights, please see the Privacy Policy on our website here: <https://opennorwich.org.uk/privacy-policy/>.

Equality Monitoring Forms /

White		Asian/Asian UK Indian	
White English/Scottish/Welsh/Northern Irish		Pakistani	
Irish		Bangladeshi	
Gypsy or Irish Traveler		Chinese	
Any other white background		Any other Asian background	

Black/African/Caribbean/ Black UK		Other ethnic group	
Caribbean		Arab	
African		Mixed ethnic background	
Any other Black/African/Caribbean background		Any other ethnic group	

Religion or belief /			
No religion		Hindu	
Christian		Jewish	
Buddhist		Muslim	
Sikh		Other religion	

Do you consider yourself to have a disability?			
Yes		No	

Thank you for your help with this study. This information will remain confidential and anonymous and will be only be used as part of statistical analysis for funding application/reports.

