

Bodyline fitness membership application – annual payment

For Bodyline Office use only

Individual memberships (tick the appropriate box)

	Annual	
Premier	£455.00	<input type="checkbox"/>
Gym and swim	£407.00	<input type="checkbox"/>
Fitness and swim	£407.00	<input type="checkbox"/>
Off-peak premier	£285.00	<input type="checkbox"/>
Junior	£161.00	<input type="checkbox"/>

Joint memberships (tick the appropriate box)

	Annual	
Premier plus	£814.00	<input type="checkbox"/>
Gym and swim plus	£718.00	<input type="checkbox"/>
Fitness and swim plus	£718.00	<input type="checkbox"/>

Applicants' details (please complete **all** sections and print your details clearly)

	First applicant	Second applicant
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>
Daytime tel no	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>	
	<input type="text"/>	Post code <input type="text"/>

I have read the terms and conditions, agree to be bound by them and that the above information is correct

Your personal data will be held in accordance with the principles of the Data Protection Act 1998. We will retain your data for the length of your membership and for up to a 2 years after that. Your information will be used by Leeds City Council to provide you with news and information relating to our services. Your information will only be shared with third parties to communicate with you on behalf of Leeds City Council.

Signature(s)	<input type="text"/>	<input type="text"/>
First applicant	<input type="text"/>	Second applicant <input type="text"/>
Date	<input type="text"/>	Date <input type="text"/>

I would like to receive offers, information and updates relating to my Bodyline membership.
My preferred method of contact is: email phone post

----- **For centre use only** -----

Centre	<input type="text"/>	Date Received	<input type="text"/>
Amount Paid	<input type="text"/>	Receipt No	<input type="text"/>

BA/TC/12.01

Equality Monitoring

We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions, so that we can make sure that our services include everyone's needs.

The information you provide will be kept confidential.

We will use your answers to pull together statistical information that the council will use to check the fairness of any services you receive. This information will only be used by Leeds City Council or shared with Education Leeds and the Housing Arms Length Management Organisations. They will only use this information for the same purposes as the Council.

You do not have to answer these questions. If you choose not to answer these questions, it will not make any difference to the service you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.

	First applicant	Second applicant		First applicant	Second applicant
Gender			Type of impairment:		
Male	<input type="checkbox"/>	<input type="checkbox"/>	Physical	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	(such as using a wheelchair to get around and / or difficulty using your arms)		
Date of Birth	<input type="text"/>	<input type="text"/>	Sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>
Postcode	<input type="text"/>	<input type="text"/>	(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)		
A. White			Mental health condition	<input type="checkbox"/>	<input type="checkbox"/>
British	<input type="checkbox"/>	<input type="checkbox"/>	(such as depression or schizophrenia)		
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Other White	<input type="checkbox"/>	<input type="checkbox"/>	(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)		
B. Mixed			Long-standing illness	<input type="checkbox"/>	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)		
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Orientation:		
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	Hetrosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed	<input type="checkbox"/>	<input type="checkbox"/>	Lesbian/Gay woman	<input type="checkbox"/>	<input type="checkbox"/>
C. Asian or Asian British			Gay Man	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Status:		
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Married	<input type="checkbox"/>	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>	<input type="checkbox"/>
D. Black or Black British			Single	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	Please tick appropriate box to describe your religion or belief:		
Black Other	<input type="checkbox"/>	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
E. Other Ethnic groups			Christian	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider yourself to be disabled?			Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>