



The Athenaeum Club

Could you please take a few moments to complete the details below and overleaf and present to reception along with your voucher(s) upon arrival.

Date of visit:

Guest or Spa Day.....

Member Name (If Guest)

Personal Details:

Title: Mr/Mrs/Miss/Ms

First Name:

Surname:

Address:

.....

..... **Post Code:**

Date of Birth:

Tel. No. Home:

Tel No. Work:

Mobile No:

E-Mail:

If you would like to receive any future mailing/promotions please tick to confirm your agreement for us to hold your email address.

YES

NO

☐☐

Emergency contact details:

Name: **Tel No:**

Have you visited The Athenaeum Club before?

YES

NO

☐☐

How did you hear about The Athenaeum Club?

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The Athenaeum Club
Cherry Orchard Way – Rochford – Essex SS4 1GP
Telephone +44 (0) 1702 560510

The Athenaeum Club Limited

MEDICAL INFORMATION

List any past surgery, serious injury, medical conditions or skin allergies.
(Please specify Dates)

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.....

If you answer yes to any of these questions, please give details.

Any history of heart trouble/complaint (Please specify)	YES ☐	NO ☐
Do you suffer from Diabetes or Epilepsy (Please specify)	YES ☐	NO ☐
Are you pregnant or have been in the last six months (Please specify)	YES ☐	NO ☐
Do you suffer from high/ low blood pressure (Please specify)	YES ☐	NO ☐
Are you allergic to Shellfish or Iodine (Please specify)	YES ☐	NO ☐
Are you allergic to Gluten, Dairy or Nuts (Please specify)	YES ☐	NO ☐
Do you suffer from Thyroid problems (Please specify)	YES ☐	NO ☐
Are you taking any prescribed medications (Please specify)	YES ☐	NO ☐
Do you have any skin allergies/conditions (Please specify)	YES ☐	NO ☐

WAIVER CLAIMS Although this questionnaire is designed to assist The Athenaeum Club when advising on individual exercise needs, guests are reminded that The Athenaeum Club cannot be held responsible for the health of individuals and that it is the responsibility of all guests to consult with their physician prior to commencing any exercise programme.

I accept full responsibility for my use of all equipment, facilities and services operated by the Athenaeum Club at my own risk and shall not hold the club, its Directors, Franchises and employees responsible for any injury or liability sustained or incurred resulting there from. Nor shall I hold the Athenaeum Club responsible for any loss, theft or damage to personal effects.

I have read and understood the above information.

Signature: **Date:**

Please note that the information given in this form is designed to assist The Athenaeum Club in an emergency and in tailoring exercise needs and requirements of individuals.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.
PLEASE RETURN YOUR COMPLETED FORM AND PEN TO A MEMBER OF STAFF.