



# MEMBERSHIP APPLICATION FORM

Please write in block capitals			
Title	First name		
	Last name		
Address:			
		Postcode	
Telephone	Home phone:		Mobile:
Vehicle registration (required for Estate pass)			
Email Address			
Do you agree that we may contact you on the above email address for any membership updates or promotions? YES / NO			
Method of Payment <i>These are for the full year and can be made either by post (see details below) or at the spa reception. Please note we do not accept cash</i>			
Cheques	Cheques should be made payable to 'The Devonshire Arms'		
Credit Card/Debit Card	All major cards accepted		
Direct Debit	The membership year runs until the 31 <sup>st</sup> march 2023. Membership will be calculated on a pro rata basis after 1st April paid in advance or, alternatively, paid in monthly installments by Direct Debit collection.(there is no extra charge for direct debit collection)		

For your safety we would like to outline some conditions that you need to take in to consideration before using the facilities, please read the following disclosure and sign below, please note you must be at least 16 years old to use the Sauna, steam room, Jacuzzi and the Gym.

## Conditions & Contra-Indications

If you have any of the following medical conditions then doctors advise should be sought to confirm that they deem you as fit to use the heat experiences and gym; Pregnancy; Diabetes; Seizures e.g. epilepsy; suffer from migraine attacks; suffering from heart disease, circulatory problems, high or low blood pressure; suffering from infectious skin disease, sores and wounds; suffering an illness causing an inability to perspire; are taking antihistamines, anticoagulants, vasoconstrictors, vasodilators, stimulants, hypnotic or tranquilliser or any other medication which makes the potential user unsure as to the advisability of using the facilities

It is also not advised to use the heat experiences or gym if; you have consumed a heavy meal within 1 ½ hours; have consumed large amounts of alcohol; or suffer from any condition whatsoever that makes the user unsure as to the advisability of using the facilities

**Declaration:** I have read and understood the above information and confirm with my signature below that I do not suffer from any of the above conditions or contra-indications or have sought medical advice to confirm they deem me fit to use the spa facilities and gym equipment. My signature below confirms that I agree to all terms and conditions laid out in the membership brochure which has been provided to me

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed application form to:  
 Manager  
 The Devonshire Spa  
 Bolton Abbey  
 Skipton  
 BD23 6AJ

### Staff only

Date of joining		Membership number	
Loyalty card number		Estate pass number	
Payment taken		DD & form checked	
Staff member:		Date	