



OPENING HOURS

MONDAY-FRIDAY

07:00-21:30

SATURDAY-SUNDAY

08:00-21:30

LAST ENTRY 20:45

BANK HOLIDAYS

08:00-20:00

LAST ENTRY 19:45

CHRISTMAS DAY

CLOSED

NEW YEARS DAY

CLOSED

**For more information please contact us on
01785 815531 or leisure@lehost-stonehouse.com**

MEMBERSHIP FEES - 2023

Breakfast 7am - 11am

Single: £30.00

Joint: £50.00

Prime 10am - 6pm

Single £35.00

Joint £60.00

Full Time 7am - 9:30pm

Single: £39.00

Joint: £68.00

Guest Fee: £8.00

Non-membership Fee: £10.00

Children under 12 years old: £5.00

Parent and Toddler

Every Tuesday and Thursday

12pm till 2pm

£8.00 for 1 Adult 1 Toddler

any additional adults pay £10.00

FAMILY PLANS - 2023

1 ADULT 1 CHILD

£50.00

1 ADULT & 2 CHILDREN

£60.00

2 ADULTS 1 CHILD

£80.00

2 ADULTS 2 CHILDREN

£90

**ALL FAMILY PLANS ARE
BASED ON FULL
MEMBERSHIPS
FROM
7 AM TILL 9:30 PM**

Application Form

MEMBER 1

TITLE:
FIRST NAME:
SURNAME:
DATE OF BIRTH:
ADDRESS:
.....
POSTCODE:
TEL:
EMAIL:.....

MEMBER 2

TITLE:
FIRST NAME:
SURNAME:
DATE OF BIRTH:
ADDRESS:
.....
POSTCODE:
TEL:
EMAIL:.....

PLEASE SIGN BELOW:

I HAVE READ AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS (SEE NEXT PAGE).

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT I SHALL NOTIFY THE LEISURE CENTRE SHOULD THIS INFORMATION CHANGE. .

SIGNED:
DATE:

OFFICE USE ONLY

MEMBERSHIP NUMBER:
MONTHLY DIRECT DEBIT AMOUNT:
MEMBERSHIP START DATE:

Le-Host Limited

Instructions to your Bank or Building Society to pay direct debit

Go Cardless



Name (s) of account holder (s)

.....

Bank / Building Society account number

.....

Branch Sort Code

..... - -

Name and Full address of your Bank/Building Society

.....

.....

.....

.....

Service Number 275069

Reference

Signature

Date

Instruction to your bank/ building society -

Please pay GO Cardless direct debits from the account detailed in the instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with Go Cardless and, if so details will be passed electronically to my bank / building society

Direct Debit Guarantee

- This guarantee is offered by all the banks and building societies that accept instructions to pay the direct debit.
- if there are any changes to the amount, date or frequency of your direct debit go cardless will notify you 3 working days in advance of your account being debited or as otherwise agreed. if you request go cardless to collect payment confirmation of the amount and the date will be given to you at the time of the request.
- If you receive a refund you are not entitled to you must pay must pay it back whe go cardless asks you to.

Leisure Centre Terms and Conditions

The agreed membership fee shall be paid on a monthly basis via direct debit. The member should notify the hotel via email should any information regarding payment change.

The membership plan shall be valid from the agreed start date until the leisure centre is informed of a request to cancel.

Cancellations are to be sent in writing to leisure@lehost-stonehouse.com.

Memberships shall be cancelled 28 days after receiving written confirmation.

Any changes to the membership plan should be sent via email to leisure@lehost-stonehouse.com.

These changes may take a period of 28 days to come into action.

The leisure centre has the authority to make changes to membership terms, conditions and prices throughout the membership period, notifying the members of each. Should a member wish to reject these changes, written confirmation should be sent to leisure@lehost-stonehouse.com

A pre-exercise shall be completed prior to use of the leisure centre.

The leisure centre should be notified should any health conditions arise. If an issue arises during use of the leisure facilities, the member shall notify the staff member on duty.

Upon cancelling your membership, you must return your membership card/s

Members shall respect other users, including hotel residents, and listen to the instructions of the leisure centre staff member on duty, as well as hotel management.

Please sign to confirm you agree to the above

Members Name

Members Signature

Date

General Health

Exercise Pre-Screening Questionnaire

This is to be completed in preparation for physical activity. It is important that you disclose ALL of you existing medical conditions so that we/I may determine whether to seek further medical advice before commencing an exercise program. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

Title.....

Name.....

Surname.....

Address.....

Postcode.....

Contact Number.....

DOB..... Age.....

Email.....

Emergency Contact Name: Number.....

Have you ever been told that you have a heart condition? Yes No

Have you ever had a stroke? Yes No

Do you ever have unexplained pains in your chest at rest or during physical exercise? Yes No

Do you consistently feel faint or suffer from spells of dizziness? Yes No

Do you suffer from asthma and require medication? Yes No

Do you suffer from type I or II diabetes? Yes No

Do you suffer from any major muscle or joint conditions that may limit you or be aggravated by physical activity? Yes No

Do you suffer from any medical conditions that may be made worse by participating in physical activity? Yes No

Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80? Yes No

Do you have a family history of heart disease? (stroke, heart attack) Yes No

Have you been told that you have high cholesterol? Yes No

Have you been told that you have high blood sugar? Yes No

Other

Information.....

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Disclaimer:

If you have answered no to all of the above questions and you are confident that you have no other concerns with your health then you may proceed to participate in physical activity. If you have answered yes to any of the questions above or are unsure, please seek a referral from your GP or allied health professional before commencing physical activity.

I believe to the best of my knowledge that all of the information I have provided on this tool is accurate. In the case that my medical condition changes over the course of my training I will inform my trainer and fill out a new exercise pre- screening questionnaire.

