

Price List 2025

Stone House Leisure Centre

Day Pass

Non Guest Fee £8.95

Guest Fee £7.95

Under 16's £6.50

Under 3's £1.50

Parent & Toddler 11 am - 1 pm - £10

Every Monday & Wednesday

Memberships

All Memberships include 15% off food & drink and accomodation.
T&C'S Apply.

Breakfast 7 - 11 am /weekends 8 - 12 pm	£37
Full Time All Day & 7 Days	£46
Breakfast Joint (2 people)	£65
Full Time Joint (2 people)	£83
Family 1 Adult , 1 child	£60
Family 2 Adults,2 children	£95

We Offer corporate & Student Discounts 10% on Monthly Packages



Leisure Centre Terms and Conditions

The agreed membership fee shall be paid on a monthly basis via a reoccurring card payment by credit or 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



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.

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 AMOUNT:

MEMBERSHIP START 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.

Client signature.....

Date.....

