

User's Procedures for Gym

1. Membership of our Gym is now open to members who are at least 16 years old, who paid their Club Membership and who also have paid the following Gym subscriptions:

- Adult Playing members and Students €50
- Non-playing members €100

Under no circumstances can anybody who has not paid membership of club and Gym (Or has reached an agreement with the Club) use the Gym facilities.

Note: This charge will apply on first usage and for each year thereafter.

Please ensure that Gym is kept clean and tidy at all times with all equipment back in position after each visit.

2. Access to the GYM is as follows:

- *When Club grounds are in use:* Entry card will be provided to Gym Members which will allow access. At least 2 Gym Members must be present before use of Gym is permitted. Each member must sign in and out in attendance book on each visit.
- *When Club Grounds are closed:* Access through main gate will be provided by ringing the numbers below who will provide remote access. Proof of two members must be provided before access is permitted. The code for Alarm System will also be provided at this stage by the phone holder. Access card will be used to gain access and attendance book must be signed in and out at each visit.

Note: Gym users under 18 they must be accompanied by at least two people, including one who is over 18 years old. *Further, in line with the GAA Code of Best Practice in Youth Sport adults are to avoid being alone with under 18 year olds in the Gym, dressing rooms, etc"*

3. All users must complete form below before using gym. Only people who show proof of having been trained in use of equipment will be allowed use equipment without formal training and review.
4. It is intended to have a trained coach available to teach use of equipment and to assess fitness levels and suitability of fitness programmes. Until a coach is in place access will only be granted to those who have completed form and given proof of having been trained on use of equipment.

These procedures are heavily dependent on responsible use of our facilities.

Failure to comply may lead to restriction of usage both to the individual and to the other users.

Please note that cameras are operational in the Gym at all time.

Contact Numbers:

1. Liam McGraynor - 086-6023886
2. Pat Wogan - 087- 2486885
3. Dermot OBrien - 086-2560401

Fig 1 Gym Users Evaluation Form

Name: _____

Address: _____

Contact Number: _____ Mobile Number _____

Email _____

Date of Birth ____/____/____

Have you used gym equipment before YES NO?

Were you member of a Gym before YES NO?

Name of Gym where you were member and when: _____

Reason for using Gym _____

Please note you may require a doctor's clearance to use equipment

Please tick	YES	NO		YES	NO
High Blood Pressure or medication for same	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Back, joint or muscle disorder	<input type="checkbox"/>	<input type="checkbox"/>
Surgery or chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Incidents of seizure blackout or fainting	<input type="checkbox"/>	<input type="checkbox"/>	Over 50 Female	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory disease or asthma	<input type="checkbox"/>	<input type="checkbox"/>	Over 40 Male	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy within last 3 months	<input type="checkbox"/>	<input type="checkbox"/>	Over 40 male	<input type="checkbox"/>	<input type="checkbox"/>
Family history of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Smoker?	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify	<input type="checkbox"/>	<input type="checkbox"/>	2-3 stone overweight	<input type="checkbox"/>	<input type="checkbox"/>

This list is only provided as a reminder and is not intended to be a complete list.

Should you have any medical condition you are recommended to see your doctor before using equipment.

I confirm that I have completed the form to the best of my knowledge and I am using equipment at my own risk.

Signature _____

Bray Emmet's Coach _____ Recommendation _____

For Club Records

Card Number Issued _____ Paid Amount _____ Secretary _____