



Hamlets Leisure Centre.

Champion Hill Stadium, Edgar Kail Way, Dog Kennel Hill, London SE22 8BD.
Telephone: 0207 274 8707. Facsimile: 0207 501 9255.

Terms and Conditions of joining.

Charges for using the facilities at Hamlets Health Club are calculated monthly and can be paid in one of the following three ways: -

1. **Standing order (For a minimum period of six months). ***
2. **Pay for six months in advance (Non refundable).**
3. **Pay for three months in advance (Non refundable).**

* **First month to be paid on day of joining by CASH OR CHEQUE ONLY.** Standing order to start one month after day of joining. Standing Order will continue to be paid until you wish to cancel. Please Make cheques payable to Hamlets Leisure Centre.

Memberships can be for either individual facilities or for all facilities. You can also join as a single member or with a friend/relative as a joint member**.

** **Joint members must join at the same time and use only one bank/building society account if taking up the standing order option. Please note, if you wish to cancel your membership you must inform us in writing.**

Also available are our new Parents Only Memberships. If you have a child/children at school, you can enter the Gym, Monday to Friday after 10.30am and before 2.30pm for only £20 per month.

Opening Hours

Monday 07.00 to 22.30
Tuesday 07.00 to 22.30
Wednesday 07.00 to 22.30
Thursday 07.00 to 22.30
Friday 07.00 to 22.00
Saturday 08.00 to 19.00
Sunday 09.00 to 16.00

Memberships & Monthly Charges.

Individual Facility Membership

	Single	Joint
Standing order	£30	£50
6 Month Advance	£150	£250
3 Month Advance	£ 105	£165

Includes unlimited use of gym & sauna or squash & sauna

All Facility Membership

	Single	Joint
Standing order	£40	£70
6 Month Advance	£200	£350
3 Month Advance	£135	£225

Includes unlimited use of gym, squash, sauna & aerobics. Does not include, pilates .

Parent Only Monthly Charges*

Standing Order	£20
6 month in advance	£100
3 month in advance	£75

Student / NHS Membership**

Standing Order	£20
6 month in advance	£100
3 month in advance	£75

**Valid Student/NHS card will be required

***Parent Only membership allows unlimited use of Gym and Sauna after 10.30am and before 2.30pm Monday to Friday only.**

Please note that use of sun beds are not included in any of the memberships detailed above.

Please tick the appropriate box on the application form for the type of membership you require.

Induction Fee £10.

An induction must be completed by anybody wishing to use the gym. They must be pre booked and are available at the following times: -

Monday to Wednesday @ 7.00pm & 7.30pm. Thursday @ 8.00pm (Daytime inductions available on request)

Please note that suitable clothing must be worn for inductions and when using the gym i.e. gym shorts(no cargo shorts), joggers , t-shirt & trainers



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Membership Application Form.

Please fill in all sections in black or blue ink.

Please tick the appropriate box to indicate the type of membership you require.

Squash
Gym
All Facilities

Single	<input type="checkbox"/>	Joint	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

If you are taking out a joint membership please fill in your joint members name in in the box provided.

Parents only Membership

Please supply 2 passport size photos.

[Form Taken By:](#)

Personal Details.

Title.	
First name.	
Last name.	
Date of birth.	
Occupation.	
Home address.	

Town.	
City.	
Postal code.	
Home Tel.	
Work Tel.	
Mobile.	
e-mail.	

Agreement.

I hereby confirm that I have read the terms & conditions and that all of the above details are correct.

Signed.

For Office Use Only.

Date of joining.
Amount paid.

Method of payment.
Membership number.

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY STANDING ORDER.

Please complete all sections of this form and return it to Hamlets Health Club, London SE22 8BD.

Name & full address (including postcode) of your bank or building society.

To the manager of	Bank/Building Society
Address.	

Name of account holder.

Account No.

Sort Code.

Please pay.

Account No.

Sort Code.

Such sums as requested.

Date of first payment.

For the amount of.

And thereafter every

day of the month until further notice.

Signed.

Date.