



Dear Sir / Madam,

Thank you for your enquiry to join Azure Leisure, here at Milton Hill House. I hope you find the enclosed information of use and that you are suitably impressed with the facilities we have to offer you.

As you may already be aware, health and general wellbeing is essential in helping us all cope with the stress and demand of today's hectic lifestyle. At Milton Hill we feel that we are able to bring all the benefits of a healthy lifestyle to all our customers, whether it be through swimming, using the fitness suite or simply taking time out to pamper yourself at "White Cottage Beauty Rooms", the Health & Beauty Salon.

You have already made the first step to find out about the leisure facilities and how we can improve your general wellbeing, so why not take the next step and start achieving your personal objectives by joining Azure Leisure today.

Please note: Azure Club at Milton Hill is a Private Club for **adult members only** over the age of 16, and for guests and their families who are staying at the Venue.

If you would like a personal tour of our facilities or to discuss membership details, please do not hesitate to contact Azure Reception on 01235 825705.

We look forward to seeing you in the club soon.

Kind Regards,

Azure Leisure

Welcome to Azure! Where lifestyle begins...

Private Health and Fitness club membership

Thank you for your recent enquiry regarding the leisure facilities here at Azure Leisure club. At Azure you will find a friendly and welcoming atmosphere with the perfect facilities to relax and unwind.

The Azure facilities include:

- ❖ Indoor heated Swimming Pool
- ❖ Spa Pool
- ❖ Sauna & Marble Steam Room
- ❖ Fitness Suite (Treadmill, Stepper, Rowing Machine, Cross Trainer & Bicycles)
- ❖ TV screens
- ❖ Trim Trail Routes around the Grounds
- ❖ Use of our Café lounge area where you can help yourself to unlimited tea and coffee
- ❖ Free wifi internet access throughout the whole venue
- ❖ Free parking
- ❖ Use of all outdoor areas such as the croquet lawn

Membership

You have two options to choose from FULL PRIVATE or OFF PEAK PRIVATE to suit your lifestyle. There is no minimum contract period.

Full Private

£29 per month

Monday – Sunday 7am – 10pm (last entry 9.30pm)

Off Peak Private

£24 per month

Monday – Friday 9am – 5pm (last entry 4.30pm)

There is also the option to pay a years subscription in one payment (by cheque only) and receive 12 months membership for the price of 11.

Upon joining you will be asked to **submit the joining fee of £75 and the first month's payment** by cash or cheque (made payable to Verve Venues Ltd) together with a **completed application form, direct debit mandate and 2 passport size photos.**

We will be in contact with you once your application has been approved and issue you with your personal Azure Membership Card. We would ask that you be prepared to show your card each time you visit.

Conditions:

Due to the nature of Milton Hill's business, regrettably:

- **children under the age of 16 are not permitted** to use the facilities (unless resident at Milton Hill House)
- the leisure club will be closed on certain dates in the year however, prior notice will be given to the members
- members must observe all Health & Safety instructions
- no food or drink is allowed in the pool, sauna & steam room areas
- Please note towels are not provided
- In the interests of your safety we reserve the right to close any facility without notice.

AZURE AT MILTON HILL HOUSE PRIVATE LEISURE APPLICATION FORM

Simply complete the application form below and attach 2 passport-sized photographs.

MEMBER DETAILS	
Surname	
Forenames	
Title	
Date of Birth	
Address	
Post Code	
Telephone Home Work Mobile Email address	
Emergency Contact Details Contact Name Relationship Telephone	
Membership Category	<ul style="list-style-type: none"> • FULL or OFF PEAK delete as appropriate
OFFICE USE Membership No	

MEMBERS DECLARATION

I warrant that the above information is correct and agree to abide by the terms and conditions of the Club. These conditions are enclosed with this application form.

Member Signature

Date

Confidential Health Profile

Surname: _____ Forenames: _____ Date of Birth: _____

Membership Number: _____

Expiry Date: _____

Please indicate any condition, which may affect your enjoyment of our facilities.

 Muscle or Joint

Yes/No

Please specify details and cause

- Back _____
- Leg _____
- Arm _____
- Feet _____
- Hands _____
- Neck _____
- Joints _____
- Other _____

• Medical Conditions

We recommend that you consult a doctor if yes to any of the following:

	Yes/No	Yes/No	Yes/No
Heart (e.g. angina)		Diabetes	Lung (e.g. Asthma)
Radiation Therapy		Epilepsy	Eye Infection
Back Pain (Sciatica)		Hernia	Skin Infection
Cold Sores		Pregnancy	Blood Pressure
Recent Fractures		Large area Scar Tissue	Allergies
			Please Specify:-

Are you receiving any medication or treatment from your doctor? Yes/No
Please specify:

Doctors Name:	Surgery Address/Tel.	Emergency Tel No:- Next of Kin:-
Signature:	Date:	Signature of GM.

