



Club Gymnasium Membership Form

Full Name: _____

Address: _____

Date of Birth: *dd/mm/yyyy*

Sex: M F

Phone: *(w)* _____ **Phone:** *(h)* _____

Membership category *(Active, Long Service, General, Associate etc.):* _____

Emergency Contact: _____

Phone: _____

This Gym is not a public facility. Admission is restricted to those with permission.

Declaration:

I acknowledge that I have read the club’s “Terms and Conditions for the use of the Club Gymnasium” and agree to be bound by those terms and conditions. I declare that I have no medical condition that would involve a risk to me or other users in my use of the gym.

Print name: _____

Signature: _____ **Date:** _____

Approval:

Print Name: _____

Position in club: _____

Signature: _____ **Date:** _____