



Name: _____

Address: _____

DoB: _____

Tel: _____ (Daytime)

_____ (Evening)

E-mail: _____

MEMBERSHIP STATUS

Membership: _____ Price: _____

Where did you hear about us? _____

SUBSCRIPTION OPTIONS:

One off yearly payment @ 12months for the price of 10 _____ Monthly Direct Debit _____
cash / cheque

REASONS FOR JOINING

Please tell us primary reasons for joining the Fighting Fit Gymnasium and what you would like to achieve from doing so. This will help us to help you and ensure you get the most from your time spent with us.

DISCLAIMER

I, the undersigned, understand that all exercise conducted in this facility is done so at my own risk, and in the event that I am unsure of correct exercise technique or machine operation/use, I should contact an appropriately qualified member of staff for the relevant instruction/information.

Fighting Fit Gym cannot be held responsible for any injury sustained following failure to implement the above advice.

Signature: _____ Date: _____