

THRAPSTON HEALTH & FITNESS CLUB

MEMBERSHIP FORM

MEMBER NO:

TITLE	
FORENAME	
D.O.B	
ADDRESS	
GENDER	
PHONE NO	
EMAIL	

MEMBERSHIP TYPE	COST PER MONTH	TICK	COST PER YEAR	TICK
SINGLE	£25		£250	
COUPLES	£40		£400	
STUDENT/OAP	£15		£150	
EMERGENCY SERVICES	£15		£150	
CORPORATE	£		£	

INDEMNITY

I HEREBY DECLARE THAT I AM FIT AND HAVE NO ILLNESS OR INJURY WHICH WOULD BE MADE WORSE BY TAKING PART IN PHYSICAL ACTIVITY SUCH AS CARDIO EXERCISE OR WEIGHT LIFTING. TICK.....

I HAVE AN ILLNESS OR INJURY WHICH WOULD BE MADE WORSE BY TAKING PART IN PHYSICAL ACTIVITY SUCH AS CARDIO EXERCISE OR WEIGHT LIFTING AND WOULD LIKE ADVICE ON HOW BEST TO KEEP FIT AND AVOID ADDITIONAL ILLNESS OR INJURY IF NECESSARY I WILL CONSULT MY GP TICK.....

SIGN.....

PRINT.....DATE.....