

**BODYMISSION AT CAPEL GYM
MEMBERSHIP APPLICATION**

DATE:

NAME:

ADDRESS:

TEL:

MOBILE:

E-MAIL:

OCCUPATION:

DATE OF BIRTH:

AGE:

EMERGENCY CONTACT:

TELEPHONE:

MOBILE:

DOCTOR:

ADDRESS:

TELEPHONE:

**I CONFIRM TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE
INFORMATION GIVEN IS CORRECT AND COMPLETE, AND THAT I AM FIT TO
EXERCISE AND DO SO AT MY OWN RISK AND AGREE TO THE TERMS AND
CONDITIONS OF MEMBERSHIP AND CLUB USE OF BODYMISSION LTD**

SIGNED..... DATE.....