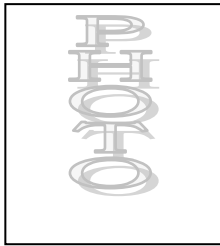


**Trinity Saint David  
Sports Centre  
& Fitness Suite**  
Public Membership Form

Membership No.



**MEMBER'S DETAILS**

Name: ..... Date of Birth: .....

E-mail: .....

Home Address: .....  
.....  
.....

Postcode: .....

Tel: ..... Mobile: .....

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Next of Kin: ..... Contact Number: .....

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Name of Doctor: ..... Doctor Tel: .....

Doctor's Address: .....

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Please indicate any medical condition you may have that we should be aware of: .....  
.....  
.....

**IMPORTANT:** Before embarking on a new fitness regime we strongly recommend that you contact your GP. University of Wales Trinity Saint David will not accept any responsibility for injury sustained through the use/misuse of the Sports Centre facilities or via any negligence.

Refunds will **NOT** be permitted under any circumstances.

I use these facilities and equipment at my own risk. **Signed** .....

**FEES- Fitness Suite Options**

- Annual Membership
- Monthly Membership
- Pay as you go

Special Offer.....