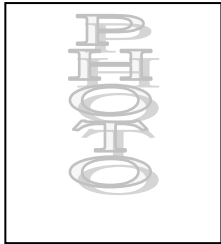




# Trinity Saint David Sports Centre & Fitness Suite

Staff Membership Form

Membership No. \_\_\_\_\_



## MEMBER'S DETAILS

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

Department: .....

E-mail: .....

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

Postcode: .....

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

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

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

Doctor's Address: .....

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.

Trinity Saint David will not accept any responsibility for injury sustained through the use/misuse of the Sports Centre facilities or via any negligence.

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 \_\_\_\_\_

