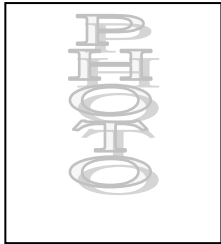




Trinity Saint David Sports Centre & Fitness Suite

Student Membership Form

Membership No. _____



MEMBER'S DETAILS

Name:		Date of Birth:	
Course:		Student Number:	
E-mail:			
Home Address:		Term Address:	
.....		
.....		
.....		
Postcode:		Postcode:	
Tel:		Tel / Mob:	
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:			
.....			
.....			

Before embarking on a new fitness regime we strongly recommend that you contact your GP.
Trinity St. David Carmarthen 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 Membership (State)