

BEORMUND COMMUNITY CENTRE

020 72379313

MULTI-GYM APPLICATION FORM

NAME _____

ADDRESS _____

TEL NO: DAY _____ EVE _____

CONTACT NUMBER IN EMERGENCY _____

NAME _____

RELATIONSHIP _____

FOR OFFICIAL USE ONLY

DATE OF INDUCTION _____ TIME _____ PM

CARD RENEWAL DATE _____

WAGED UNWAGED PROOF

PAID (State Amount)

I HAVE UNDERTAKEN AN INDUCTION WITH THE GYM
ADVISOR AND HAVE BEEN SHOWN HOW TO USE THE MULTI-
GYM EQUIPMENT SAFELY AND CORRECTLY.

I UNDERSTAND THAT AFTER MY INDUCTION I WILL USE THE
MULTI-GYM AT MY OWN RISK.

I HAVE RECEIVED AND READ A COPY OF THE MUTI-GYM
RULES AND REGULATIONS AND I AGREE TO ABIDE BY THEM.

I AM OVER 18YEARS OF AGE

Signed..... Date.....

(To be signed after Induction)

Instructor.....

Gym @ the Beormund