



(USE BLOCK CAPITALS)

WATFORD GRAMMAR SCHOOL FOR BOYS

WATFORD BOYS FITNESS – 6TH FORM STUDENT APPLICATION

MEMBERSHIP DETAILS:			
Full Name:		Form:	Date of Birth:
CONTACT DETAILS:			
Home Address:			
			Post Code:
School Email Address:	<i>(do <u>not</u> use personal email)</i>		
Emergency Contact Name:			
Emergency Contact Number:		Relationship to Member:	
PARENTAL CONSENT:			
<i>Please indicate with a tick:</i>		Parent Name:	
<input type="checkbox"/>	I hereby give permission for my son to use the Watford Boys Fitness	Parent Signature:	
<input type="checkbox"/>	I am aware that the Watford Boys Fitness may be un-manned and that using the facilities will be at my son's own risk.	Date:	
STUDENT MEMBER'S DECLARATION:			
DECLARATION: <i>Please indicate with a tick in the boxes the following statements:</i>			
<input type="checkbox"/>	YES I confirm that I have no health problems that prevent my use of the equipment provided at Watford Boys Fitness. <i>(If you are in any doubt, you must check with your GP before confirming with a tick.)</i>		
<input type="checkbox"/>	YES I have read & understood the attached "Terms & Conditions of Membership" for Watford Boys Fitness.		
<input type="checkbox"/>	YES I will not permit any unauthorised entry to the Watford Boys Fitness suite using my electronic entry card.		
Student Signature:		Dated:	

FOR FINANCE OFFICE USE ONLY:			
SO Mandate: <input type="checkbox"/>	Date Sent to Bank:	Added to Membership List: <input type="checkbox"/>	Photo: <input type="checkbox"/>
1 st Payment Received: <input type="checkbox"/>	Date:	Membership Card Printed: <input type="checkbox"/>	Date:
Induction Completed <input type="checkbox"/>	Date:	Membership Card Assigned: <input type="checkbox"/>	Date:
		Membership Card Sent: <input type="checkbox"/>	Date: