



(USE BLOCK CAPITALS)

WATFORD GRAMMAR SCHOOL FOR BOYS

WATFORD BOYS FITNESS - MEMBERSHIP FORM

MEMBERSHIP DETAILS:		
Dr/Mr/Mrs/Ms/Miss <i>(Please circle)</i>	First Name:	Surname:

PLEASE TICK BELOW:

MEMBERSHIP CATEGORY:	
<input type="checkbox"/> Parent/Family Member/Sibling of Existing Student*	→ Name of Existing Student:
<input type="checkbox"/> Staff Member	<input type="checkbox"/> Staff Member's Partner
<input type="checkbox"/> Old Boy of the School	<input type="checkbox"/> Aviv Dance School Member

(* Children under 17 are not permitted in or to use Watford Boys Fitness)

CONTACT DETAILS:			
Home Address:		
		Post Code:
Contact Details:	Home Tel:	Mobile No:	
E-Mail Address:		
Emergency Contact Name:		Relationship to Member:
Emergency Contact Number:		

MEMBERS DECLARATION:	
Date of Induction Session Attended:	_____
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.
Member Signature:	Date:

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