



(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 NOT 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 M'ship List: <input type="checkbox"/> _____
1 st Payment Received: <input type="checkbox"/> Date:	Permissions Added : <input type="checkbox"/> _____
Induction Completed <input type="checkbox"/> Date:	Holographic Sticker Sent: <input type="checkbox"/> _____
	Email to Student: <input type="checkbox"/> _____