*(If hand written, please use block capitals!)*

Surname:…………………………………..First Name:………………….

Date of birth…………….

Address………………………………………………………………………

………………………………………………………………………………...

Tel/No…………………..Emergency contact No…………………………

Email Address:…………………………..Occupation:……………………

Licence No for association visitors:……………………

Expiry date:……………….

Do you have any illnesses or ailments that could affect your ability to train? ie: Asthma, diabetes, epilepsy. If so please specify:

If under 18yrs old

Signature of Parent or Guardian……………………..

Please print Name………………

Over 18yrs

Signature…………………………Date………………..