



## MEMBERSHIP APPLICATION FORM

- Please fill out all necessary details. It is important that the medical questionnaire is completed and signed.
- The minimum age for members is 16 unless approved by the Gym Manager.

### IMPORTANT - DATA PROTECTION

Urban Friction Climbing Gym has procedures in place to ensure that all information held about you will be dealt with confidentially and held securely. Urban Friction Climbing Gym may wish to contact you for marketing purposes. If you do not wish to be contacted in this way, please tick this box

### Personal Details

<input type="text"/>	
Name	Surname
<input type="text"/>	
Date of Birth	E-Mail Address
<input type="text"/>	
Residential Address	
<input type="text"/>	
Tel / Cell Numbers	

### Emergency Contact Details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctors Name	Number	Practice

### Medical Information

<input type="text"/>	<input type="text"/>
Medical Aid Provider	Medical Aid Number
<input type="text"/>	

Details of Medical Conditions, Ailments, Injuries, Allergies etc.

Membership Type  
MEMBERSHIP OPTIONS

ADULT MEMBER Monthly 450

FAMILY MEMBER Monthly 350pp

ADULT MEMBER 3 Months

FAMILY MEMBER 3 Months 945pp

All memberships are based upon a 3-month subscription. Should you wish to cancel your membership please provide Urban Friction with notice thereof 30 days prior.

**HOW DID YOU HEAR ABOUT URBAN FRICTION?**

FRIENDS

FACEBOOK

WEB SEARCH (GOOGLE)

MEDIA

PASSING BY

OTHER

PLEASE SPECIFY

I hereby confirm that all the information above is correct and true and I believe I am physically fit to partake in the activity of climbing. Should any changes occur, I will notify Urban Friction in writing.

Signature

Date

The person making this application is under the age of 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name & Surname

Signature

Relationship

Date

**Office Use Only**

Membership No

Induction Date

Staff Member (Name & Signature)