



# MEMBERSHIP FORM

PLEASE COMPLETE FORM WITH CLEAR DETAILS

## Couple Membership (if applicable)

Full Name:

Partner's Full Name:

Date Of Birth:        
D D M M Y Y

Date Of Birth:        
D D M M Y Y

## Children (if applicable)

Child 1

Child 2

Full Name:

Full Name:

Date Of Birth:        
D D M M Y Y

Date Of Birth:        
D D M M Y Y

## Contact Information

Home Address:

Mobile:

E-Mail:

Emergency Contact Name:

Emergency Contact Number:

I consent to receive Marketing Information via emails: Yes  No

## Medical Declaration (Must be signed by each adult applicant)

I declare that I have contacted my doctor and that I am in a fully fit condition to use all the facilities. I indemnify the Mardyke Arena UCC of any responsibility for any problem that may arise due to any medical condition that I have or may have in the future. I also indemnify the Arena of responsibility for any problem for any injuries that may arise while on the premises.

Customer 1 Signature:

Date:        
D D M M Y Y

Customer 2 Signature:

If I choose not to consult my doctor, I do so at my own risk. Furthermore, I do not hold the Mardyke Arena UCC or their Insurance Company responsible for any potential injuries sustained through training at this facility, which I am allowed to use.

Customer 1 Signature:

Date:        
D D M M Y Y

Customer 2 Signature:



**UCC Details (UCC Staff or Graduate only)**

UCC Dept Name:  Position:

UCC Staff No:  Ext No:

UCC Student Number (Graduate Memb):

**Corporate Details (If Applicable)**

Company Name:  Position:

Staff No:  Verified by Receptionist:

**To be Filled by Reception Staff**

(Please complete category type in full detail)

Category of Membership (e.g., Staff, Graduate, 17 - 18 etc.)

Membership Access (e.g. Full, Gym only/Pool, Restricted time only)

		Cash	Credit Card
17 - 18 Membership Photo ID shown:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Form completed in full:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Clearly Legible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Glofox Account set up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
		<input type="text"/>	

**Agreement to Terms and Conditions**

I hereby acknowledge that I have carefully read and fully understood the attached Terms and Conditions, and by signing this membership form, I expressly agree to be bound by and comply with them.

Customer 1 Signature:

Customer 2 Signature:

Staff Signature:

D D M M Y Y

**Data Collection Notice**

The data collected in this form is used solely for the purposes stated within this form.  
We do not share your information with third-party companies.  
For more details, please see our Privacy Policy at: [www.mardykearena.com/privacypolicy](http://www.mardykearena.com/privacypolicy)