

MEMBER FORM

ballyshannon leisure centre MEMBERSHIP APPLICATION FORM

Please fill out all of the applicable details below.

MEMBER FORM Student (U-18)

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Please fill out all of the applicable details below.

1. PRIMARY MEMBER

NAME:.....

ADDRESS.....

TELEPHONE NO: HOME.....MOBILE:.....wk.....

EMAIL: _____

2. DATE OF BIRTH:..../...../.....

3. DATE YOU REQUIRE MEMBERSHIP TO START:

4. TYPE OF MEMBERSHIP REQUIRED: (eg. Single annual etc).....

5. ANY MEDICAL CONDITION: _____

3. PARENT OR GUARDIAN Signature:

NAME:.....

EMAIL: _____

TELEPHONE NO: Home.....wk.....mobile.....

This information is kept solely for the purpose of contacting parents / guardians in case of an emergency and also if any child / Student have a medical condition that staff have to be made aware of to ensure they have the upmost of care while attending this Facility. No information contained herein will be or passed on to any other company or third party. By signing this document you agree to Ballyshannon Leisure Centre processing and retaining the information contained herein.

Please Fill out all relevant details and tick box if you would like reminder of other camps, swimming lessons rebooking or other activities by phone () or by email ().

The details contained above will be kept for up to one year after membership or use of the facilities ceases.

OFFICE USE ONLY

AMOUNT RECEIVED:DATE:...../...../..... Staff Signature.....

Gym Induction arranged/ if applicable:.....

Any special requests / details:

Please note: Double receipts, give one to the customer and attach the other to this application form. Put the money through the till on membership POS, receipts from this transaction.