



**DICKY BEACH GYM MEMBERSHIP APPLICATION FORM  
TEMPLATE No. 015**

<b>Name:</b>		
<b>Address:</b>		
<b>Telephone:</b>		
<b>Date of Birth:</b>		
<b>CRITERIA</b>	<b>YES/NO</b>	<b>COMMENT</b>
Member for 15 years		
<b>Membership Category:</b>		
<b>Emergency Contact Name and Address &amp; Telephone Number</b>		
<b>Declaration</b> I acknowledge that I have read the Club's "Terms and Conditions for the use of the Club's Gym" and agree to be bound by those terms and conditions. I declare I have no medical condition that would involve a risk to me or any other users of the gym		
<b>Print Name</b>		
<b>Signature &amp; Date</b>		
<b>Approval</b> <b>Gym Supervisor (signature and date)</b>  <b>Approval</b>  <b>Life Saving Operations Committee (signature date)</b>		
<b>OFFICE USE ONLY</b>		
<b>Member's Gym Induction Form Received – Date</b>		
<b>Member's Gym Waiver Form Received – Date</b>		
<b>Member provided a copy of ADM002 – Date</b>		
<b>Member payment received – Date and Amount</b>		
<b>Key No provided to member –</b>		
<b>Signature of Administration Officer &amp; Date</b>		
<b>Date Key Returned</b>		