

GYM REGISTRATION FORM

Participant's Name:		_ Membership	Membership No.:		
Gender: M / F Date of E	Birth:	Age:	Guest: Yes / No		
Principal Member's Name:		<u>.</u>			
Contact No. (Home/Mobile):		Email Addre	ess:		
Do you have any past injuries, (eg. Heart Disease, High Blood Pi If yes please specify:	ressure, Diabetes, Asthma, Fra	•	g difficulties: Yes / No		
Person to notify in case of eme	rgency;				
Name:	Relationship:	C	ontact No.:		
Please tick in the	boxes below for the cla	ss you would	like to register in:		
(5 sessions/10sessions) Terms & Conditions 1. The Club shall not be held reseany time by the participant arises. 2. Fees stated are payable month. 3. Allocation of training slots to p. 4. The Club reserves the uncond.	sing from his/her participation in the hly, unless otherwise stated. referred training sessions will be sultional right to amend the Terms & Castriction guidelines & measurement of the training services at I have read & agree to abide the structure of the services of th	rt, illness, fatality, cosclasses/lessons. Dject to availability. Conditions & details of the control of the			
Member's Signature / Date		 Participa	ant's Signature / Date		

For more information, kindly contact Sports Reception @ 6586 1268 or email to $\underline{\text{gym}@\text{warren.org.sg}}$

IDEMNITY/PERSONAL DATA PROTECTION

Indemnity			
I,, Membersh shall indemnify and keep the Club indemnified at all times directly or indirectly from the class. I will not hold the club of injury sustained during the event.	against any liabilities of all sorts caused		
Disclosure of personal data			
(1) By signing here, you agree to allow Warren Golf & C by any medium, the information given by you which of this application in order to determine if this applic	may be acquired throughout the process		
(2) You agree that in addition to the mode and manner in which WGCC may send you and communications under the Terms, WGCC may send notices and communication deem appropriate for the processing of this application to you at your last known telephone or mobile number or electronic mail address in our records.			
Name of Participant	Participant's Signature / Date		

*Please turn over to indicate your preferred class/lesson.

This form will take about 3 minutes to fill up.

GYM PERSONAL TRAINING

 NO. OF SESSIONS	MEMBER'S FEE	GUEST'S FEE	COACH
5	\$374.50	\$428.00	Muhammad Khairullah
10	\$642.00	\$749.00	

For more information, please email gym@warren.org.sg

GYM BUDDY TRAINING

	NO. OF SESSIONS	MEMBER'S FEE	GUEST'S FEE	СОАСН
	5	\$481.50	-	Muhammad Khairullah
	10	\$856.00	-	

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