



SOLSTAR MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Email Address:

Address:

Postcode:

HEALTH INFORMATION

Please let us know of any injuries or health issues you have which may affect training:

Has your doctor ever advised you against exercise due to injury/illness?

EMERGENCY CONTACT

Next of Kin:

Address:

Phone:

Postcode:

Relationship:

DISCLAIMER

DECLARATION

I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all questions correctly and all medical and health considerations are noted above.

PLEASE NOTE IT IS YOUR RESPONSIBILITY TO INFORM YOUR INDIVIDUAL INSTRUCTOR OF ANY MEDICAL CONDITION THAT MAY AFFECT YOUR HEALTH WHILST UNDER THEIR INSTRUCTION AS THE INFORMATION DECLARED ON THIS FORM IS NOT PASSED ON TO ANYONE

Name:

Date:

Signed: