

Fitness Club Membership Registration Form

Please complete all sections of this registration form in block letters. This form is designed to be printed and filled out manually or filled digitally before printing.

1. Personal Information

First Name:

Last Name:

Date of Birth (DD/MM/YYYY):

Gender (Male / Female / Other):

Phone Number:

Email Address:

Residential Address:

2. Emergency Contact Details

Emergency Contact Full Name:

Relationship to Member:

Emergency Contact Phone Number:

3. Membership Options

Membership Type (Monthly / 6-Month / Annual):

Preferred Start Date (DD/MM/YYYY):

4. Health and Fitness Goals

What are your primary fitness goals?

List any pre-existing medical conditions or physical limitations:

5. Signature and Date

By signing below, you agree to abide by the rules and regulations of the fitness club.

Applicant Signature (Sign here after printing):

Date of Signature (DD/MM/YYYY):