



# Registration and Contact Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

*Once registered MFB will advise you of your membership number and on-line log in details*

Home Tel No. \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

Work Tel No. \_\_\_\_\_

E-mail: \_\_\_\_\_

If you do not want to be contacted by MFB for marketing purposes tick here:

Occupation: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

*Please note members have to be 16 years or over*

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Tel Number: \_\_\_\_\_

How did you hear about MFB? \_\_\_\_\_

I undertake that:

- 1) *I am over the age of 16 years of age.*
- 2) *I shall refrain from misuse or horseplay, and in the event of observing any such actions on the behalf of others, to inform the instructor or management immediately.*
- 3) *I have submitted a Physical Activity Readiness Questionnaire (PAR-Q) and if required a GP Referral Letter (Medical Release Form).*

Signed by applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by MFB representative: \_\_\_\_\_ Date: \_\_\_\_\_