TEEN - WARRIOR ARTS & FITNESS ENROLMENT FORM



Please complete the below application form. • E39 (One Teen class per week) Name/s: DOB:..... Home address: Home phone: Any Medical Condition's / Allergies? Date starting: Mobile Phone: Email address: How did you hear about us?.....

Please turn over -

Waiver of Liability For Gym Use

You should always consult your physician or other healthcare provider before changing your diet or starting an exercise program.

I understand that there is a risk of injury associated with participating and using Warrior Arts and Fitness Gym Studio.

I hereby assume full responsibility for any and all injuries to my child, losses and damages that they incur while attending, exercising or participating in Warrior Arts and Fitness. I hereby waive all claims against Warrior Arts and Fitness, its instructors, or partners of individually or otherwise, for any and all injuries, claims or damages that I might incur.

I understand that in the event I wish to cancel my membership, 2 calend and payment is required. Please tick	ar months written notice
I have read, understood, and agree to be bound by the above terms and	conditions.
Printed name of Participant (or Parent/Guardian if under 18)	
Participant's Name (Please Print):	
Participant's Signature: Date:	
In case of emergency, contact:Phone:	
(Parent/ Guardian signature if under 18 years of age)	
Signed:	Dated:

WARRIOR ARTS & FITNESS www.warrior-arts-fitness.com



New Standing Order Instruction

Please tick £39/£49 per month for teen classes.
Other
ToBank/Building Society
Please set up the following Standing Order and debit my/our account accordingly.
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1. Account details
Account nameAccount number
Account holding branchSort code
Branch address
Branch Post code
2. Payee details Warrior Arts & Fitness
Payment reference/Members name
Sort code: 30-63-64
Account number: 42388060
3. About the payment
Please pay the below amounts on the 1 st day of each month until further notice.
Date of first payment:///
Amount of payment: £
4. Confirmation
Customer signature(s)
Date (DD/MM/YYYY)
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