MEMBER DETAILS FORM (POWERFIT GYM)

(Please fill in Block Letters)

| Full Name |  |
| --- | --- |

| Father's Name |  |
| --- | --- |

| Address |  |
| --- | --- |

| Gender |  |
| --- | --- |

| Height |  | Weight: |  |
| --- | --- | --- | --- |

| Age |  |
| --- | --- |

| Marital Status |  |
| --- | --- |

| Occupation |  |
| --- | --- |

| Mobile Number |  |
| --- | --- |

| Email |  |
| --- | --- |

| Any other |  |
| --- | --- |

Information

| (optional) |  |
| --- | --- |

Undertaking: Gym will not be responsible for any injury, loss or

any medical issue. I am taking these plans and have my doctor’s

consent or have chosen not to do so on my own will.

| Date: |  | Signature: |  |
| --- | --- | --- | --- |