



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: _____