

# Members Form

Please fill in this form and hand to your trainer



Date:	Date of Birth:
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Full Name:	Email address:
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Address:	Post Code:
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Home Telephone:	Mobile:
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Any physical problems we should know about?

<b>Emergency Contact details:</b> Name:	Contact Number:
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How did you hear about us?



**By signing this form:** I confirm that I have read and understood Brownes Boot Camp terms and conditions. The full terms and conditions are available online at <http://www.brownesfitness.co.uk>. I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and representatives may have against the releases.

We are committed to handling your personal data in accordance with the provisions of the Data Protection Act 1998 (DPA) and are registered under the act.

Signed: _____	Date: _____	Print Name: _____
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Find us on   

[www.brownesfitness.com](http://www.brownesfitness.com)

**Southend on Sea:** 01702 680112 **Colchester:** 01206 700212 **Brentwood:** 01277 424777