## KILDORRERY GAA ONE CLUB



## GYM MEMBERSHIP FORM

 $\square$  New Membership  $\square$  Renewal

1. PERSONAL INFO	RMATION						
First Name: Surname :							
Gender (please circle)	М	F	F D.O.B.://				
Postal Address:							
				Postco	de:		
Telephone: (H):		_ (W):		_ (Mobile):	·		
Email:							
Do you consent to receive information from Kildorrery One Club GYM via email or text? Yes / N0							
Emergency Contact Name		Emer	gency Con	tact Phone:			
2. MEMBERSHIP TYPES							
☐ 12 Month Adult	Individual	(Current Club Memb	er) €180				
☐ 12 Month Adult	(non-Member)	€250					
_	(Current Club Memb	er) €160					
☐ 12 Month Stude		€200 €340					
☐ 12 Month Adult							
☐ 12 Month Adult Couple (Non-Members)							
If you have already paid your Club Membership please tick here ☐ Membership Number if available  Note: Compulsory Membership of Kildorrery One Club (2024) is currently set at Adults €70, Students €40, Family €120  If paying by Bank Transfer please use these IBAN details  IBAN: IE70B0Fl90294421323300 BIC: B0FIIE2D  Payment can also be made by debit/Credit Card using the Foireann App. Log on to Foireann and you will find the various Membership payment options.							
3. GENERAL INFORMATION							
Purpose of Joining the GY	′M:						
•	haping □ Toning □ Social	<ul><li>☐ Increase Stamina</li><li>☐ Stress Manageme</li><li>☐ All the above</li></ul>		ve fitness strength	☐ Improve Healtl☐ Gain weight	□ Increase energy □ Group Exercises	

Have you used a gym before?	Y / N If 'Yes', which G	Gym?			
4. ACKNOWLEDGEMENT	RELEASE AND ASSUMPT	ION OF RISK			
This is an important document which affects your legal rights and obligations.					
Participant Name:		/ D.O.B://			
risks. I acknowledge and understa  I may be injured, physically, My personal property may be Any physical conditions I may worsened by my participating Other persons participating I may cause injury to other personal in which the I may be injured or suffer day There may be no or inadequed assume the risk of and results.	at I am to undertake have potential and that whilst participating in any subset lost or damaged; any have, of which I may or may not I on; in such activity may cause me injury persons or damage their property activity is conducted may vary with a mage to my property as a result of undertake facilities for treatment or transpersonsibility for any injury or property ry GAA, Ladies Football and Camog	be aware or disclosed to the gym may be aggravated or y or may damage my property out warning my negligence			
I assume the risk of, and the response	nsibility for any injury, illness or pro	perty damage resulting from my participation in any activities.			
In consideration of the acceptance precluded by statute) I agree to rel o I participate in the activities o I release, indemnify and hol and any actions or claims w	ease and indemnify Kildorrery GAA at my sole risk and responsibility. d Kildorrery GAA, Ladies Football a hich may be made by me or on my	any activity (and except to the extent that the centre may be			
		damaged, I will bring no claim, legal or otherwise, against dagents, in respect of that injury, loss or damage.			
Before signing this docum	ent I have read and unders	stand it and know how it affects my legal rights.			
Name:	Signature:	Date://			
OFFICE LISE ONLY:					

Total Fees Received: € \_\_\_\_\_ Payment Type: Cash, Bank Transfer Recd By: \_\_\_\_\_

 Membership Start Date:
 \_\_\_\_\_ / \_\_\_\_
 GYM Member No:
 \_\_\_\_\_\_