



KNIGHTS SPORTS GYM

2 Somers St. North Sunshine VIC 3020

Phone (03) 9312 3584 | www.melbourneknights.com.au

MEMBERSHIP APPLICATION FORM

NAME: _____ SURNAME: _____

GENDER (CIRCLE): M / F D.O.B. _____

STREET ADDRESS: _____

SUBURB: _____ POSTCODE: _____

CONTACT NUMBER: _____ EMAIL: _____

EMERGENCY CONTACT DETAILS

CONTACT NAME 1: _____ PHONE: _____ RELATIONSHIP: _____

CONTACT NAME 2: _____ PHONE: _____ RELATIONSHIP: _____

MEDICAL DETAILS

PREVIOUS MEDICAL CONDITIONS: (EG ASTHMA, HEART CONDITION, SHOULDER INJURY ETC.)

PAYMENT SCHEDULE

YEARLY MEMBERSHIP



\$300

CONCESSION



\$200

JUNIOR



\$150

PAID

CASH

CHEQUE

STAMPED

CREDIT

MEMBERSHIP TERMS & CONDITIONS

I, _____

of _____

do hereby declare that I wish to become a member of the Knights Sports Gym ("the Gym") located at Knights Stadium, 2 Somers Street, North Sunshine VIC 3020. I hereby undertake to indemnify the Club, its officers, servants, agents or anyone of them against all damages, claims or demands which may be made against them or any one of them in respect of or arising out of the participation and use of the gym whether such claim be made by on or on behalf of the player or any other person.

I also agree that the Club, its officers, servants and agents shall be free and clear of all responsibility

to me or any other person whatsoever for any accident or illness of the player during his/her participation in the use of the Gym.

In addition I also authorise any Officer, servant or agent of the club to obtain any medical/hospitalization treatment deemed necessary, which will be at my expense provided I have been notified as soon as practicable thereafter.

I hereby give my consent to participate in using the gym, training sessions and functions.

No Liability or responsibility is accepted for errors or omissions or for loss or damage suffered as a result of a person or club acting on this indemnity.

DATE: ____ / ____ / _____