



KIDS MEMBERSHIP APPLICATION FORM

- Please fill out all necessary details. It is important that the medical questionnaire is completed and signed.
- All children under 16 are to be accompanied by a guardian at all times unless partaking in a supervised coached session.

IMPORTANT - DATA PROTECTION

Urban Friction Climbing Gym has procedures in place to ensure that all information held about you will be dealt with confidentially and held securely. Urban Friction Climbing Gym may wish to contact you for marketing purposes. If you do not wish to be contacted in this way, please tick this box

Personal Details

Parent Name	Surname
Child 1	Date of Birth
Child 2	Date of Birth
Child 3	Date of Birth
Residential Address	
Tel / Cell Numbers	E Mail Address

Emergency Contact Details

Name	Number	Relationship
Doctors Name	Number	Practice

Medical Information

Medical Aid Provider	Medical Aid Number

Details of Medical Conditions

MEMBERSHIP OPTIONS

Coached Sessions Monthly 550pp Additional Sibling Monthly 450pp
Add open MEMBERSHIP +150/month* 3 Month MEMBERSHIP 10%

All memberships are based upon a 3 month subscription. Should you wish to cancel your membership please provide Urban Friction with written notice thereof 30 days prior.

HOW DID YOU HEAR ABOUT URBAN FRICTION?

FRIENDS FACEBOOK WEB SEARCH (GOOGLE) MEDIA
PASSING BY OTHER

PLEASE SPECIFY

I hereby confirm that all the information above is correct and true and I believe my children are physically fit to partake in the activity of climbing. Should any changes occur, I will notify Urban Friction in writing. The person making this application is under the age of 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name & Surname	Signature
Relationship	Date

Office Use Only

Membership No	Induction Date	Staff Member (Name & Signature)