+
RIVERSIDE
Title: Mr. Mrs. Ms. Home Address: _
Home Phone No: _ Mobile:

## **APPLICATION FORM**

Title: Mr. Mrs. Ms. F Home Address:								
Data of Distles								
Additional Members' Details Partner Child Child Child Child Child In case of emergency please contact:			Date of Birth: Date of Birth: Date of Birth:		-			
Name:			Number:					
Do you have any me Type of Membership Individual Off-Peak			please give d Student Minor		Family Youth			
How did you hear at Advertisement $\Box$ Fi				ise Specif	y)			
WAIVER – PLEASE I have read Club rules entirely at my own ris contact or otherwise, my use of the Club employees from all cl	s and regulations k and that the Riv for any loss, inju and hereby rel	and her /erside L ry or da ease in	eisure Club sh mage whatsoe full the River	all have r ver susta side Leis	no liability wha ined by me. I ure Club, its	atsoever, whe I accept full re	ther in tort or in esponsibility for	
I verify that I have re	ead all the rules	and reg	ulations of the	e Riversio	de Leisure Cl	lub.		
Signature:				Date:				
Staff:				_ Key Ring:				

Please tick box if you wish to be contacted about special offers after your membership has expired