

PRO FITNESS GYM MEMBERSHIP REGISTRATION FORM

Personal Details:

- Full Name: _____
- Date of Birth (DD/MM/YY): _____
- Gender: ☐ Male ☐ Female
- Contact Number: _____
- Email Address: _____

Emergency Contact:

- Name: _____
- Relationship: _____
- Contact Number: _____

Membership Plan

☐ Monthly ☐ Yearly

Health & Fitness Information

1. Do you have any existing medical conditions? ☐ Yes ☐ No

If yes, please specify: _____

2. Are you currently under any medications? ☐ Yes ☐ No

If yes, please specify: _____

3. What are your fitness goals? ☐ Weight Loss ☐ Muscle Gain ☐ General Fitness

☐ Sports Training ☐ Other: _____

(It is important to specify your fitness goals, because this information will enable us to create a specific workout program for you to help you reach your goals.)

Payment Methods

- Bank Transfer
Bank: Kina Bank
Name: Nickson Borana Ugaia
Account Number: 31213919
- Cash Payment at the Gym

Terms and Conditions

- Membership is non-refundable and non-transferable
- Members must adhere to gym rules and safety protocols
- Pro Fitness Gym is not liable for injuries or health issues resulting from non-compliance with instructions.

☐ I have read and agree to the terms and conditions.

Signature: _____

Date: _____

For Office Use Only

- Membership ID: _____
- Payment Confirmed: ☐ Yes ☐ No
- Payment of which month(s): _____
- Staff Signature: _____