



Fitness Visitor

DETAILS	Name:	Date of birth:
		/ /
	Address:	
	Occupation:	
	Your phone number:	Email Address:
Emergency Contact:	Phone:	

FACILITY USE	Reason for visiting YMCA Invercargill: (i.e. Aerobics class, Zumba, Gym, Stadium)	FITNESS INFO (if applicable)	I am a member of / instructor at:
	_____		Highest fitness qualification:

INFORMED CONSENT	I hereby acknowledge that the information provided above is true and correct.
	Disclaimer I acknowledge that I am a guest at the YMCA Invercargill, and will adhere to the standard health and fitness policies as set out by the YMCA Invercargill. (Available on request)
	I acknowledge that participating in physical activity carries a risk and I accept all responsibility for that risk with my training at the YMCA Invercargill fitness facility.
	Signature: _____
	Date: ____/____/____

OFFICE USE	Guest of:	Pass time period:	Notes:
	_____ to _____	_____	

			Staff name: _____