

# Gama Sports Training

## MEMBERSHIP FORM 2025

MEMBER NAME: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

MEMBER DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADRESS: \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BEFORE SIGNING THIS DOCUMENT, I ACKNOWLEDGE I HAVE READ, UNDERSTAND AND HEREBY AGREE TO THE TERMS AND CONDITIONS OF MEMBERSHIP AS DEFINEDBY THE DOCUMENTS ATTACHED TO THIS FORM.

I AM AWARE AND AGREE TO PAY THE FOLLOWING MENTIONED IN THIS AGREEMENT AND UNDERSTAND THAT I AM GIVING THE BILLING AGENT THE RIGHT TO DEBIT MY BANK ACCOUNT / CREDIT CARD FOR MY FEES OWING ANYTIME.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PH#: \_\_\_\_\_

### MEMBERSHIP TYPES:

INDIV GYM:\_\_\_\_\_

FAMILY GYM: \_\_\_\_\_

CAGE:\_\_\_\_\_

TIVITY: \_\_\_\_\_

ACTIVEFIT: \_\_\_\_\_