GUEST FORM

(SAMPLE ONLY)

**Before you hit the courts**

|  |  |
| --- | --- |
| Name: | |
|  | |
| Phone: | Mobile: |
|  | |
| Address: | |
|  | |
|  | |
|  | |
| City: | Postcode: |
|  | |
| Email: | |
|  | |
| Referred by (current member): | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am interested in received offers, news, updates and info via email? | Yes |  |  | No |  |

**Waiver:** I understand when I use the facilities and services provided by [name of club], it is my responsibility to take care of myself and my property, and to be careful not to harm people around me. I realise that accidental injury is covered by Accident Compensation in New Zealand. I understand that [name of club] may require me to leave the club immediately if I carry out an activity which [name of club] reasonably considers to be offensive or dangerous to me or to anyone else. I confirm that I do not have any injuries or medical conditions that make it harmful in any way for me to play squash. I agree to abide by all signs and instructions from [name of club] personnel. **[name of club] will use this information above for administration and marketing purposes and for any emergency which might arise while I am on club premises. I have the right to ask for this information to be corrected at any time.**

|  |  |
| --- | --- |
| Signed: | Date: |
|  | |
| Emergency contact: | Phone: |