



Northampton

Membership Application Form

Name:			
Alias (Name you'll be known by in the Arena):			
Address:			
Post Code:			
Contact Telephone Number:			
E-Mail Address:		@	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
			Date of Birth:

Declaration of Membership - having registered to be a member of LASER ZONE I hereby acknowledge the following:

1. That LASER ZONE is a physical activity which I judge myself fit and suitably attired to play.
2. That I agree to assume all risks and shall indemnify LASER ZONE and its employees from any claim in respect of injury, loss or damage.
3. The membership ID button remains the property of LASER ZONE and shall be returned to them should I wish to not re-subscribe or am asked to forfeit my membership.
4. That at anytime if I am in contravention of any of LASER ZONE's rules, regulations or policies that my membership will be terminated immediately with no refund.
5. That once I have paid my membership, irrespective of how many times I attend LASER ZONE, no refunds will be given. Special cases may be made in writing to the Manager.

I am signing that I agree, understand and will abide by the above declaration and LASERZONE Rules, Regulations & Policies.

Print Full Name: _____ Signature: _____ Date: _____

Staff Use Only:

Membership Number: _____

Membership Expiry Date: _____

Staff Name: _____

Membership Paid: _____