

Membership Form

Name: _____

Surname: _____

Address: _____

Post code: _____

Contact Numbers:

Home: _____

Mobile _____

Other: _____

E-mail address: _____

Occupation/School: _____

I.D. Number: _____

Date of birth: _____

I, the undersigned, intend to be legally bound, hereby, for myself, my heirs, executors and administrators, to waive and release any and all rights and claims I may have against the Mellieha Athletic Club for any loss, damage or injury I may sustain as a consequence of my participation in athletic events and club events. I also declare that my physical condition is monitored by a medical doctor on a regular basis.

Signature*: _____

Date: _____

****Parental signature required in case of applicants under the age of 16.***