

B: ACTIVE COMMUNITY EXERCISE HEALTH COMMITMENT STATEMENT

Please complete in BLOCK CAPITALS	
Title: Forename(s):	Surname:
Address:	
Postcode:	Date of Birth:
Email address:	
Phone number:	Emergency contact:
We may need to tell your GP that you are attending the programme. Please tick here if you agree do this.	
Practice Name:	Practice phone number:
Please complete the health questionnaire on the reverse of this form.	
I have read and agreed to the T Signed:	Ferms & Conditions and Rules of Use (www.bristol.ac.uk/sport/memberships) Date:
If you do not wish to receive further communications via email and text message about University of Bristol and Bristol SU Sport events and activities and special offers please tick this box.	
Please return this form to the reception desk at the Indoor Sports Centre, Swimming Pool or Coombe Dingle	
Administration use only	Start date of membership:

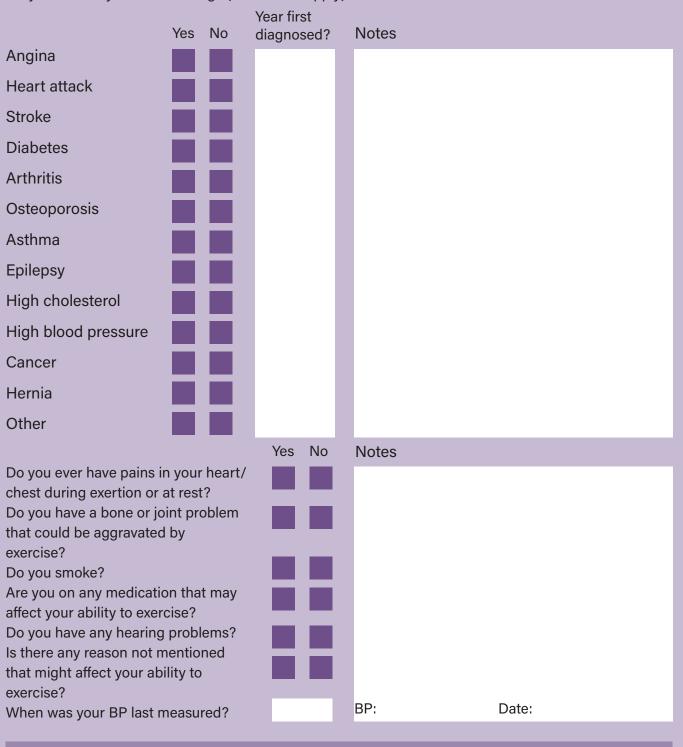


Signed:

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Health questionnaire

Do you have any of the following? (tick all that apply)



Date: