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**Master Membership Form**

Name	
Address	
Emergency contact name	
Emergency contact number	
Email address	
Date of Birth	
Where did you hear from us?	

**Medial Information**

Any medical conditions we need to be made aware of?
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**Permission to film.**

<p>From time to time we take photographs of the class being taken place. These are used for promotional purposes, funding information, charity evidence etc. Please sign in the space below if you are happy to be photographed. All photographers are CRB police checked. Thank you.</p> <p>Parent/guardian to sign.....</p>
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**Yearly Membership Fee:** *The fee paid is for one year from the start date. It is a one off joining fee for the year and should not be confused with class session charges. Please ask for charge rates. You also agree to be a member of Multi Masters Academy until the renewal date on this form.*

Date:	£	Renewal Date:
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**Insurance**

*Please see main class instructor for full details and charge rates. It is a condition of membership to Multi Masters Academy and all associated bodies, that without correct and adequate insurance you will not be allowed into any classes run at the Multi Masters Academy and all associated bodies at the address on this membership form.*

<b>Insurance policy number:</b>	
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**Personal belongings.**

Although every care and observation is made to ensure safety of your property. On no account will staff or owners of Multi Masters Academy and all associated bodies be responsible for loss, damage or theft of any belongings brought into this premises, or cars, bicycles or other forms of transportation parked outside.

In signing this form you are agreeing to all items on this form and all membership rules.

Member's signature\_\_\_\_\_

**Please make cheques out to Multi Masters Masters Academy. Thank you**