



www.transgressionpark.com

Membership Application Form

&

Participant Disclaimer

Please print all details to ensure we can read them

PERSONAL DETAILS			
Forename		Surname	
Date of Birth		Male / Female	
Address			
House Name/ Number			
Street			
City / Town			
Post Code			
CONTACT DETAILS			
Home Telephone		Mobile Telephone	
E-Mail			
Completion of this form indicates that you are happy for us to retain your contact details within our membership database for a period of one year			
ACTIVITIES (please circle all that apply)			
Skateboard	BMX	In-Line	Breakdancing
EMERGENCY CONTACT			
Name		Relationship	
Home Telephone		Mobile Telephone	
MEDICAL INFORMATION			
Doctor's Name		Medical Practice	
Do you suffer from any medical conditions which might affect you whilst participating in activities at Ocean Terminal that you would like our staff to be aware of?	No / Yes (Please indicate condition below)		
STATEMENT OF CONSENT			
I hereby acknowledge that I have read, understand and agree to abide by the terms and conditions of membership for transgressionPark. I agree to accept full responsibility for my actions (or those of my child if signing on their behalf) whilst using the facilities. It is my responsibility to inform transgressionPark should I wish to revoke this consent at any time.			
Signed		(Please indicate position) Participant / Parent / Legal Guardian	
Print Name		Date	

transgressionPark Use only

Membership Number		Payment method	
Date Membership card issued		Method of receipt	
Database updated (date)		Processed by	