GUARDIAN PASS APPLICATION FORM



Member name			
Membership number	Email addre	ess	
Name of Guardian			
Name(s) of children to b	e supervised		
Please confirm the Gua	ordian's relationship to the ch	ildren being supervised	(tick):
Mother	Father	Grandparent	Other (please indicate)
Monthly Pass £52		Quarterly Pass £123	
6 Months Pass £210		12 Months Pass £360	
Valid from	Valid until		
must be with them at all ti - A guardian is not permitt if the facilities are to be us - 'Guardian' refers to a not - Guardian pass holders m subject to the usual guest - A guardian may not use t Fee is paid A guardian may supervise completed any relevant in - Children under the age o	red to use any of the facilities included. minated responsible adult (moth ay attend with the Member fam visit rules. The gym and studios unless attent ethe Junior Member whilst they duction process. If 16 are not permitted to use the facilities either. Children under at this rule is adhered to.	dependently. The relevant ner, father, grandparent) of ily on payment of the appl ading as the Guest of a Me wase the Gym, providing the e sauna or steam room an	Guest Pass should be purchased aring for a (Junior) Member. Tropriate Guest Fee and are mber and the appropriate Guest Hunior Member has disconnected the supervising
Date	Signature	2	
Extensions – valid from):	Valid to:	