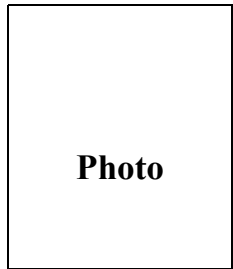




# HEALTH CLUB APPLICATION FORM



**The Secretary**  
**Noida Golf Course**  
**NOIDA – Sector – 38**

Sir

I am a member of Noida Golf Course with Membership No. \_\_\_\_\_ (Golfing / Non-Golfing / Temporary) and I wish to become a member of the NGC Health Club. I will abide by its Rules & Regulations.

Name of Member _____ Spouse Name _____ Address _____ <hr/> Phone Nos. Residence: _____ Office : _____ Mobile : _____ Email ID: _____ <hr/> Name of Member's <b>Guest</b> _____ Address _____ . _____ Cont No. _____ Email ID. _____	Annual: _____ <p style="text-align: center;"><b>OR</b></p> Monthly 1. _____ 2. _____ 3. _____ <hr/> (i) Self _____ (ii) Self & Spouse _____ (iii) Dependant/s _____ (above 18 years – upto 25 years) (iv) Sr. Dependant/s _____ (above 25 years – upto 30 years) (v) Member's Guest _____
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Dependants (Details)	AGE	D.O.B
(Name) _____	_____	_____
_____	_____	_____
_____	_____	_____

**REQUIRED**

(a) Two photographs each in respect of the above.  
 (b) Fill Indemnity Bond duly signed (Back of the form).  
 (c) Members are responsible for the payment and discipline of his/her guest. All payments shall be made in cash/ Credit Card / Debit Card. Receipt of payment shall be provided either on same day or next working day.  
 (d) The guest must **follow the rules and regulations** of the health club.  
**NOTE: ONCE THE FORM HAS BEEN FILLED & SUBMITTED, THE SAME WILL BE CHARGED & NO REFUND / ADJUSTMENT WILL BE ALLOWED AT ALL.**

<b>Date :</b> ___ / ___ / 20		<b>Signature (Member)</b>
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# **NOIDA GOLF COURSE**

## **INDEMNITY BOND**

I .....Membership No.....  
do hereby sign that I fully understand that the Noida Golf Course Society (Regd.) its Management and its employees will not be responsible or liable for any **injury, disability, accident** that may be caused or in the event of **death** of self, my spouse, my dependants and my guest while using the Health Club or within the area of the Health Club, Noida Golf Course Society (Regd.) Sector – 38 Noida, which includes the Gym and all attached facilities.

I, my spouse, my dependant/s, Senior dependant/s and my guest/s, are using the Health Club at our own risk and peril and further testify that I, (we) are not suffering from any ailment that bars me (us) from using any apparatus and the Health Club.

That, I, (we) have taken proper medical advice before joining the Health Club.

This Indemnity Bond covers the period of one year from the date of filling up this form.

Signed this.....day of .....20..... at Noida

Signature.....

M/Ship No.....

Address.....

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Tel.....