



## FLINDERS UNIVERSITY SPORT & FITNESS MEMBERSHIP AGREEMENT for FLINDERS LIVING RESIDENTS 1 February of current year to 31 January of the following year

### Resident's Details

Family Name:	<input type="text"/>		
Given Name:	<input type="text"/>		
Mobile Telephone:	<input type="text"/>		
Student Number:	<input type="text"/>	Student Email:	<input type="text"/> @flinders.edu.au
Date of Birth:	<input type="text"/>	(DD/MM/YYYY)	
Residence:	<input type="checkbox"/> University Hall	<input type="checkbox"/> Deirdre Jordan Village	
Student Status:	<input type="checkbox"/> Australian Student	<input type="checkbox"/> International Student	
Member Status:	<input type="checkbox"/> New Member	<input type="checkbox"/> Returning Member	

### Disclaimer

By signing this Membership Agreement I agree to be bound by the Flinders University Sport & Fitness Membership Terms & Conditions attached to this document.

Where the member is under 18 years of age, I represent and warrant that I am a parent or legal guardian authorised to sign this Membership Agreement on behalf of the member.

Member's Signature:  Date:

If the member is under 18 years of age the parent/legal guardian must sign below:

Signature:  Date:

### Staff Use Only

**Certified by Flinders Living Administration as a resident for the current Academic Year:**

Signature:  Date:

**Flinders Sport & Fitness Representative:**

Signature:  Date: