

# PARKOUR DUDELANGE MEMBERSHIP APPLICATION

To be signed by the Tutor if under 18 Years!

## APPLICANT INFORMATION

Name:

Name of Parent (if under 18 years):

Date of birth:

SSN:

Phone:

Current address:

City:

ZIP Code:

## EMERGENCY CONTACT

Person to contact in case of Emergency:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## SIGNATURES

By signing this form, you oblige yourself to:

- respect the infrastructures provided,
- respect the other members,
- take part in events and help out occasionally

You also agree to the fact that the Parkour Dudelage asbl does NOT provide an insurance to cover any accidents (death, disability, injuries, hospital costs, rescue, etc.) during the exertion of parkour, neither during the trainings in the gym nor while training outside.

**Training is at your own risk!**

Location:

Date:

Name of Applicant/Parent:

Signature of Applicant/Parent: