



**PARAGON PLAZA**  
Condominium Corporation

15<sup>th</sup> Flr., Administration Office, Reliance St., corner EDSA, Mandaluyong City Tel. No.: 636-4933 Telefax: 636-4958

**FITNESS GYM**

UNIT NO. \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_

NAME: \_\_\_\_\_

PRIMARY MEMBER	SECONDARY MEMBER		SPECIAL MEMBER
<input type="checkbox"/> Registered Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Children	<input type="checkbox"/> Registered Tenant <input type="checkbox"/> Spouse <input type="checkbox"/> Children	<input type="checkbox"/> Non-Occupant/Assignee Endorsement _____ (Owner/Tenant) Fee: _____ OR No. _____	Applicable for Comm/Office Units <input type="checkbox"/> Group <input type="checkbox"/> Individual Fee: _____ OR No. _____

Telephone No./Cell Phone No.: \_\_\_\_\_

Nationality: \_\_\_\_\_

Sex: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Civil Status: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Physical Ailments/Problems: \_\_\_\_\_

Immediate Medication: \_\_\_\_\_

Person/Doctor to Notify in Case of Emergency \_\_\_\_\_

Contact No.: \_\_\_\_\_ Sports/Interests/Hobbies: \_\_\_\_\_

**WAIVER**

With my signature, I certify that the above statements are true and correct, that I am physically and mentally fit to partake in all fitness and sports activities and will not hold the Condominium Corporation, its officers, employees and authorized representative responsible for any accidents or injuries that may occur during my stay/activity within the Fitness Gym.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature over Printed Name)

Approved By: \_\_\_\_\_

\_\_\_\_\_  
Property Manager

\_\_\_\_\_  
(Date)

Cc: Security & Safety Dept./gym instructor