CÔTE D'OR NATIONAL SPORTS COMPLEX

Mauritius Multisport Infrustrucutre Limited

MEMBERSHIP APPLICATION FORM

PERSONAL DATA					
Personal ID	N.I.C.			Passport #	
D.O. B		Sex:	M / F	Nationality	
First Name					
Last Name					
Address					
Telephone		Mobile			
Email					

RESPONSIBLE PARTY / GUARDIAN PERSONAL DETAILS ***(IF APPLYING FOR A MINOR CHILD) ***				
Personal ID	N.I.C.			
Title	Mr. ☐ Mrs. ☐		Relationship	
First Names				
Family Name				

MEMBERSHIP INFORMATION					
Membership Type		One-Time Payments (VAT incl)		Recurring Payments (VAT incl)	
		Payment in Advance		Membership	
		Pro-Rata			
		Joining Fee			
Start Date		Other			
Payment Method	Cash / Card / Juice	Summary:		Summary:	

HEALTH DETAILS			
Recent Health/Injury Issues:			
I have completed the Physical Activity Readiness Questionnaire PAR-Q:	Y	N	

EMERGENCY CONTACT INFORMATION			
#1 Emergency Contact Name:		Phone/Mobile:	
#2 Emergency Contact Name:		Phone/Mobile:	

DECLARATION				
By signing this Membership Application Form, I confirm that I have read, understood, and agree to comply with the **General Rules & Regulations, Membership Terms & Condition and CCTV Policy**, available at the reception and on the Côte D'Or National Sports Complex website (www.cotedorsports.mu) and disclaimer form attached. I acknowledge that these documents form part of my Membership Agreement and I undertake to pay all applicable fees in accordance with the Membership Terms & Conditions.	Y	☐	N	☐
MMIL is the administrator of personal data of Côte D'Or National Sports Complex members. Personal data are collected and processed within the scope of this Agreement in accordance with the Data Protection Act 2004 on the collection of personal data (Data Protection Act 2004, Part IV, 22) in relation to your memberships, ie to fill the Form, the research statistical, direct marketing services and goods own the data, quality control of the data and services in order to assert claims related to business administrator, if any, as well as, subject to the consent of the Member, for marketing purposes. The data has been provided voluntarily. Member has the right to access their personal data, to change them, improve and control, as well as to object to the processing of personal data for promotional or transfer of data to other entities, as well as the right to require the cessation of processing of personal data because of the particular situation, in accordance with the Law on personal Data Protection. I consent to the processing of my personal data for the above purposes.	Y	☐	N	☐

Signature: …………………………………… Date: ……………/………../…………. Initial of MMIL Staff: …………..