



## REQUEST FOR FITNESS CENTER I.D.

DATE: \_\_\_\_\_,

I, \_\_\_\_\_, a resident of The Address at Wack Wack unit number \_\_\_\_\_, hereby request for the issuance of an I.D. card that shall identify me as an authorized user of the The Address at Wack Wack Fitness Center.

I do hereby agree to abide by the rules and regulations stated in the Fitness Center Guidelines. I understand that I am cleared through Medical Examinations and able to use the facilities at my own risk. I hereby release The Address at Wack Wack Condominium Corporation and its employees from any responsibility arising from my health upon my registration to use the fitness center.

\_\_\_\_\_  
Signature of Resident

Unit: \_\_\_\_\_

*Kindly provide the following information for our records:*

Classification of Residency <b>(required)</b> . Please check:				
	<b>Unit Owner</b>		<b>Tenant</b>	<b>Others, please classify:</b>
If not the REGISTERED UNIT OWNER / TENANT, <b>Relation To Unit Owner / Tenant</b> <i>(required)</i> :			If TENANT, <b>Lease Contract Expiry</b> <i>(required)</i> :	
Date of Birth		Nationality		Sex
				Age
Mobile Number			Email Address	
Contact Person in Case of Emergency <i>(required)</i>			Contact Number <i>(required)</i>	
To be filled up by PMO:				
<input type="checkbox"/> P200.00		<input type="checkbox"/> 1x1 or 2x2 Picture		