

UFC BEACON, INC.

492 Main Street, Beacon, NY 12508

| MEMBER APPLICATION: PLEASE COMPLETE TO ENTIRETY | | |
|--|---------------------|---|
| First Name: | Last Name: | |
| Address Line: | | Apt/Unit #? |
| City: | State: | Zip: |
| Country: | DOB: | Gender: |
| Email Address: | | |
| Primary Phone: | Ext: | Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| Would you like to receive Text Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No | Cell Phone Carrier: | Cell #: (if differ from above) |
| Emergency Contact Name: | | Emergency Phone #: |
| Please list any allergies that you may have? | | |
| Please list any other medical conditions that we should know about you? (ie. asthma, etc) | | |
| Please list all medications that you are currently taking (Attach a separate list if it is easier) | | |
| | | |
| | | |
| Team Name: | Team Color: | Shirt Size: |

Please complete the attached waivers