

Office use only	Date received:	Date processed:	Processed by:
Membership Number			

Client Information

Last Name	First Name	Birth Date (YYYY/MM/DD)
Address		Phone: Home: Cell: Email:
Emergency Contact:		
Name	Phone Number	

Client Alert Information

Does the participant listed on this form have allergy(ies), medication(s), or physical limitation(s) you would like us to know about? YES _____ NO _____

Does the participant listed on this form have a medical condition(s) we need to know about? YES _____ NO _____

If yes to any of the above questions, please list here:

Membership place an (X) in the appropriate box below

	ADULT	SENIOR	STUDENT	
one month	\$41 plus tax <input type="checkbox"/>	\$33 plus tax <input type="checkbox"/>	\$33 plus tax <input type="checkbox"/>	one month
three months	\$115 plus tax <input type="checkbox"/>	\$95 plus tax <input type="checkbox"/>	\$95 plus tax <input type="checkbox"/>	three months

Important: A "Get Active Questionnaire" must be completed by everyone.

DO YOU REQUIRE AN EQUIPMENT ORIENTATION? Yes _____ No _____

Date of Scheduled Orientation Session _____

Were you a member of the YMCA – Port Hawkesbury branch? Yes _____ No _____

Do you require access to the Facility before 8:30 am on weekdays? Yes _____ No _____

PLEASE SIGN THE WAIVER AND CONSENT ON THE BACK PAGE

WAIVER AND CONSENT

THIS WAIVER AND CONSENT MUST BE SIGNED IN ORDER FOR THIS APPLICATION TO BE PROCESSED.

PLEASE READ CAREFULLY.

PLEASE BE ADVISED THAT THERE MAY NOT BE SUPERVISION DURING SOME HOURS OF OPERATION OF THE FITNESS FACILITY. _____ *please initial*

I, being the applicant for membership named on this Town of Port Hawkesbury Fitness Membership Application or Renewal Form, or the parent/guardian of the applicant, acknowledge and understand that: (a) each person, me/my child(ren) included, has a different capacity for participating in activities (the "Activities") such as those that are the subject of this application and are offered by the Town of Port Hawkesbury (the "Town"); (b) there may be inherent risks associated with participating in the Activities, including all manners of injury, the failure of equipment and the carelessness of other participants and misjudgments on the part of Town staff or contractors; and (c) the Town occasionally photographs the Activities and their participants for use in promotional materials. _____ *please initial*

I agree to participate/permit my child(ren) to participate in the Activities and willingly assume full responsibility, and any risks of injury, for myself/my child(ren) in connection with my/my child's(ren's) participation in the Activities at any location where these Activities may be held, including but not limited to, the Town's fitness facilities, Strait Area Pool, Port Hawkesbury Civic Centre, and SAERC Gym. _____ *please initial*

I further consent to the use by the Town of photographs of me/my child(ren) for promotional purposes and authorize the Town to use and publish such photographs in print and/or electronically. _____ *please initial*

In consideration of the Town's acceptance of this application, I, on behalf of myself/my child(ren) and my other heirs, next of kin, executors, administrators and assigns, agree to waive all claims that I/my child(ren) may have or may have in the future against the Town, its elected officials, directors, officers, employees, contractors, volunteers and agents (collectively the "Releasees") and release and forever discharge the Releasees from all liability for any personal injury, death, property damage, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my/my child's(ren's) participation in the Activities or the Town's use of photographs of me/my child's(ren's). _____ *please initial*

I confirm that I have had sufficient time to read and understand each item of this Waiver and Consent in its entirety, and agree to be bound by its terms freely and voluntarily this _____ day of _____, 2020.

Signature: _____
(Participant (if 18 or over) or Participant's Parent/Guardian)

Office use only:	Method of Payment				
	Cash/Cheque	Debit	Visa	MC	amex
Amount					