

## Super Membership Application

HOME CENTRE							
Bow CLIFF	BOWNESS	CONF	EDERATION	PARK	GOOD COMPANIO	S GREATER FOREST LAWN	OGDEN
PARKDALE	NIFTY 50S U	NISON AT KE	RBY CENTRE		WEST HILLHURST GO-0	EETTERS	
PLEASE PRINT CLEAR	LY						
FIRST NAME			INITIAL(S)		LEGAL LAST NAME		
BIRTH YEAR				SEX / GENDER IDENTITY(Including Pronoun)			
YEAR ADDRESS	MONTH	DAY		<u> </u>			
CITY		PRO	V	POSTAL CO	DDE	HOME PHONE	
EMAIL ADDRESS				OPT-IN	FOR EMAILS AND YES	CELL PHONE	□ N/A
					/SLETTER? NO		
HOW DID YOU HEAR ABOU	UT THE CENTRE?						
EMERGENCY INFORMA	ATION						
EMERGENCY CONTACT N	RGENCY CONTACT NAME RELATIONSHIP					CONTACT PHONE	
DOCTOR'S NAME							
DO YOU HAVE ANY HEALT		LEASE SPECIFY	,				
WAIVERS & POLICIES							
volunteer service (hereinafter known as their own ris material damage EMAIL CONSE we require your your consent.	e or travel provide wn as "The Cent k. The Centres, e, injury, loss of li NT WAIVER: In consent to conta	ed on beha res"), their their agen fe or cost i keeping u act you ele	alf of any of agents, wagents, volunteresulting from the care control of the care care and the care care and the care care and the care	or all of the volunteers eers, and com, or in nada's A	ne participating Acti s, and employees, employees are no connection with, so nti-Spam Legislation preciate you taking	n any recreational activity, vity Centres as listed above that the participant does so of liable for any physical or uch participation.  n, and to avoid hefty fines, the time to provide us with  Centres, and their legal	INITIAL
representatives, image(s) of me, limited to: public or other media) and projects. I photograph in p	the irrevocable r or in which I may cations, displays, for the purposes waive any copy perpetuity. In grai	ight and u y be includ presentati s of docun right or o nting this	nrestricted ded, for an ions or oth nenting an other right permission	d permiss ny purpos ner relate nd promo is I migh n to The	sion to use and public authorized by the duse in any formating The Centres'   t have in my imate Centres and their	olish photograph(s) or video e Centres, including but not t (print, electronic, website, programs, events, activities ge as represented in this legal representatives, I am the the use of the image(s).	INITIAL
<b>REFUND POLICY:</b> There are no refunds for enrolled classes, clubs, events or activities at The Centres, or any vehicle or venue authorized and/or utilized by The Centres, except for medical reasons. If you are uncertain about a class you are choosing, it is recommended that you speak with the instructor before making your choice. There are no refunds, for any reason; and, for membership fees, no exceptions.							INITIAL
PRORATED FE	ES: Prorated fee	s are only	permitted	with the	permission of the E	Executive Director.	
conduct yourse	If accordingly. T	he Centre	s will nei	ther tole	rate nor condone	s such, we expect that you behaviour that is likely to ating, hostile or offensive	INITIAL
I confirm that I	have read the a	bove waiv	ers and p	oolicies a	and give my conse	ent.	
SIGNATURE			DDINITE	ED NAME			