

Strathcona Place Society Membership Form - cost \$30

Membership Number:

Date:

Name:

Phone:()

Address:

Postal Code:

Are you a new member? Yes / No

Married:

Single:

Widowed:

To receive Centre updates and information, include your e-mail:

Birth Date: Year:

Month:

Day:

Medical Conditions:

Emergency Contacts

(1)Name:

Phone:()

Relationship:

(2)Name:

Phone:()

Relationship:

ANTI-SPAM Legislation & Privacy Act - Signature Required We maintain the highest standards of integrity in your senior centre. It is necessary to collect and process personal information in case of emergency and to provide statistics to our funders. Your signature gives permission to Strathcona Place Society to contact you by electronic, print, and telephone communication. Access to personal information is confidential.

Signature: _____

PARTICIPATION WAIVER - Signature Required

During activities at the Centre, if you feel discomfort or strain at any time, stop. You may rest at any time during any activity or event; it is important that you listen to your body and respect its limits on any given day. You should consult a physician prior to taking part in any event or activity.

I, the undersigned, understand that my participation in any event or activity at the Centre is not a substitute for medical attention, examination, diagnosis or treatment, recognize that it is my responsibility to notify the teacher or staff member of any serious illness or injury before participation. I will not perform exercise or activities to the extent of strain or pain. I accept that neither the instructor, nor the Strathcona Place Society, is liable for any injury or damages to person or property, resulting from participating in any event or activity at the Centre.

Signature _____

Members Code of Conduct — Signature required

I, the undersigned have reviewed and agree to abide by terms and conditions of the Strathcona Place Society Operational Policy - Code of Conduct for members and guests of the Centre.

Signature _____