

South Pickering Seniors' Club

Application for Membership (rev April 2022)

Membership is restricted to residents of Pickering who are 55 years of age and over. Annual membership fee is \$20.00 (Note: Membership year is from October 1st to September 30^t)

Print Name: _____ Circle M or F

Address: _____

Postal Code _____ Home Phone () _____

Date of Birth Day _____ Month _____ Year _____ Previous Member Yes No

E-mail _____ Cell Number _____

Emergency Contacts (Please Print)

Name _____ Phone _____

Relationship _____

Are you interested in volunteering at the SPSC **yes () no ()?**

Please read

Medical Authorization: In making this application for registration, I hereby give permission for SPSC or City of Pickering staff to provide or arrange for such medical treatment for me including but not limited to transportation to hospital as staff may deem necessary and advisable. I understand that all costs related to such action shall be my responsibility and I agree to pay for and/or reimburse the South Pickering Seniors' Club for any such costs incurred. I accept full responsibility for ensuring that I am physically and medically fit to participate in any programs for which I attend and acknowledge that South Pickering Seniors' Club is not obligated by this consent to provide medical treatment or have medically trained staff available.

Waiver of Liability: I hereby indemnify and save harmless the SPSC and the City of Pickering from all claims, actions, damages, costs and expenses in any way arising from my participation in any program operated by SPSC caused by negligence or otherwise, including but not limited to those claims, actions, damages, costs and expenses arising from personal injury, death, property damage, lost or stolen property or in respect of any act or allegations of negligence.

Photo Release Policy: I understand that photograph(s) taken of me participating in the organizations' events or programs can be used wholly or in part for publications associated with the SPSC.

Today's Date Day _____ Month _____ Year _____

Verification of Residency _____

Paid by: [] Cheque [] Cash MySenior Center ID # _____

I confirm that I have freely and voluntarily read and understand the terms and conditions of the above Medical Authorization, Waiver of Liability and Photo Release Policy.

Signature _____