

MEMBERSHIP REGISTRATION FORM

Membership year is from October 1st to September 30th

South Pickering Seniors Club

Please Print

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____ Phone _____

Date of Birth: _____ (Day/Month/Year)

Email Address _____

Emergency Contact Info:

Name: _____ Relationship _____ Phone _____

Are you interested in volunteering for the SPSC Yes [] No []

Please Read

Medical Authorization: In making this application of registration, I hereby give permission for the South Pickering Seniors Club (collectively known as SPSC) volunteers to provide or arrange for such medical treatment for me including but not limited to transportation to hospital as they may consider necessary and advisable. I understand that all costs related to such action shall be my responsibility and I agree to pay for such costs as may be incurred. I accept full responsibility for ensuring that I am physically and medically fit to participate in any program I partake in and acknowledge that SPSC 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.

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.

Date: _____ Signature _____

Verification of Residency in the City of Pickering by _____

Paid by Cheque [] Cash [] New Member [] Renewal [] Member No. _____