



MEMBERSHIP REGISTRATION FORM

Key Tag #

MEMBER INFORMATION

First Name:	Last Name:	New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>
Birth Date (mm/dd/yyyy)	Age:	Home Phone #:	
Mobile Phone #	Email Address	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Street Address:

City:	Province:	Postal Code
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IN CASE OF EMERGENCY

Name of local friend or relative:

Relationship to member	Home Phone#:	Work or Cell #:
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VOLUNTEERING

Interested in Volunteering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Declarations: Please Read , Check All Boxes to Accept

- Medical Authorization:** In making this application for registration, I hereby give permission for the Senior Citizen's Association of Peterborough (collectively referred to as "Mapleridge") staff to provide or arrange for such medical treatment for me including, but not limited to transportation to hospital as staff may consider necessary and advisable. I understand that all cost related to such action shall be my responsibility and I agree to pay for and/or reimburse the Senior Citizen's Association of Peterborough for and such costs as may be incurred. I accept full responsibility for ensuring that I am physically and medically fit to participate in the program or programs for which I have registered and acknowledge that Mapleridge is not obligated by this consent to provide medical treatment or have medical-trained staff available.

Declarations: Please Read , Check All Boxes to Accept

- Waiver of Liability:** I hereby indemnify and save harmless the Senior Citizen's Association of Peterborough (collectively referred to as Mapleridge) from all claims, actions, damages, costs and expenses in any way arising from my participation in any program operated by Mapleridge 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, misrepresentation, breach of statutory duty, breach of the Occupier's Liability Act, or breach of contract by Mapleridge, and furthermore, I hereby indemnify and save harmless Mapleridge in respect of all liability, whether caused by negligence or otherwise, and from and against any claims which may be made against Mapleridge by any third party in any way arising from my participation in any program operated by Mapleridge.
- Photo Release Policy:** I understand that photograph(s) taken of me while participating in the organizations events or programs can be used wholly or in part for publications associated with the Senior Citizen's Association of Peterborough
- Privacy Policy:** The Senior Citizen's Association of Peterborough Board is committed to safeguarding the privacy of Personal Information of its members, volunteers, instructors, donors and other stakeholders. Your personal information will not be shared with anyone than the staff, volunteers and instructors of the Senior Citizen's Association of Peterborough.
I therefore give the Senior Citizen's Association of Peterborough Board my permission to contact me regarding upcoming events, programs and courses via mail, email, telephone or home delivery. With that I consent to my contact information being used outside of the centre by Senior Citizen's Association of Peterborough Committee Member(s) that does not identify me for any purpose other than info regarding the Senior Citizen's Association of Peterborough Board services and programs.

I confirm I have read, understand and accept freely and voluntarily the terms and conditions of the above Medical Authorization, Waiver of Liability & Privacy Policy:

Date: _____ Month/Day/Year

Signature _____