

Member Information - please print

Separate membership applications are required for each member over the age of 14

Last Name	First Name	Gender	Date of Birth (mm/dd/yyyy)
Home Address			
City/Town	Postal Code	Email	
Home Phone	Business Phone	Cell Phone	
Name of Company		Business Address	

Please indicate which Health Club Membership type

<input type="checkbox"/> Three Month	<input type="checkbox"/> Add On - Babysitting / Childcare
<input type="checkbox"/> General Annual	<input type="checkbox"/> Please list Child Name(s)
<input type="checkbox"/> Additional Family	<input type="checkbox"/> 1.
<input type="checkbox"/> Whitby Company	<input type="checkbox"/> 2.
<input type="checkbox"/> Corporate Non-Prime	<input type="checkbox"/> 3.
<input type="checkbox"/> Student	<input type="checkbox"/> 4.
<input type="checkbox"/> Youth / Senior	
<input type="checkbox"/> Family	<input type="checkbox"/> Add On - Fit Plus
<input type="checkbox"/> Staff	

Method of Payment

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> PAP
Total: \$ _____			Payment Date (mm/dd/yyyy) _____		
Applicable taxes will be added to the fee at the time of purchase.					

How did you hear about our facility?

Family Member	Gift Certificate	Twitter	Newspaper: _____
Corporate Offer	Special Event	Facebook	Magazine: _____
Direct Mail	Coupon	Website	TV/Radio: _____
Flyer	On Location	Past Member	Other: _____
Member Referral - Name _____			

PAR Q & YOU

	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Health Club Introduction Required: (Mandatory for new members)		

If you answered yes...

To one or more questions talk to your doctor by phone or in person before you start becoming more physically active or before you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered yes. You may be able to do any physical activity you want as long as you start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which community programs are safe and helpful for you.

Health Club Membership Waiver

Recommendation: The participant and/or my guardian (collectively the 'Participant'), have been urged to consult with the Participant's family doctor prior to participating in activity(ies)/program(s)/event(s) offered by The Corporation of the Town of Whitby (the "Town") through the Whitby Civic Recreation Complex and/or the Brooklin Community Centre (the "Health Club").

Assumption of Risks: The Participant acknowledges that the Participant is physically and medically fit to participate and voluntarily assumes any risk of injury or damage in connection with the participating in the above-noted activity(ies)/program(s)/event(s). This activity(ies)/program(s)/event(s) may present various elements of risk and may be unsupervised. Accidents resulting from such activity(ies)/program(s)/event(s) may occur and cause injury. The Participant assumes the risk associated with the activity(ies)/program(s)/event(s). The Participant understands that some areas of the Health Club are unsupervised (including, but not limited to, the change rooms, hot tub, sauna, showers, etc.) and will be used at the Participant's own risk. The Town will not be held liable for any injuries sustained by the Participant when using the Health Club, including the unsupervised areas. The Participant agrees to take appropriate safety precautions to ensure their own safety.

Waiver of Liability, Release and Indemnification:

In consideration of the Participant being permitted to participate in any activity(ies)/program(s)/events(s) offered by the Health Club, the Participant, themselves, their heirs, executors, administrators, successors and assigns does hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town and all of its respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to the Participant's person or property however caused arising out of the Participant being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ events(s) as a participant.

Consent to Medical Treatment: The Participant hereby gives their permission for the Health Club employees to provide or arrange for such first aid or other medical treatment or care, including but not limited to

transportation to hospital, as such employee may consider necessary or advisable. The Participant understands that all costs related to such actions shall be the Participant's responsibility and the Participant agrees to pay for and/or reimburse the Health Club for whatever costs that are incurred.

Photo Waiver: The Participant acknowledges that the Health Club, in the course of all program activities, may take photos and audio and/or visual records may be made. The Participant irrevocably agrees that the Town, its successors, assigns and licensees may use these photographs/videos, if so desired, in any and all media of any nature whatsoever, whether now known or hereafter devised, for the purpose of promoting and advertising the Health Club and its programs, without the payment of compensation. The Participant acknowledges and agrees that the Town shall own all rights to all photographs/ videos of the Participant. The Participant hereby waives any right to inspect and/or approve the finished product that may be used in connection therewith or the use to which it may be applied. The Participant hereby releases and forever discharges the Town and its employees and representatives from all claims, obligations and liabilities of every kind arising from the Town's use of the photographs/videos. The Participant understands that the Town cannot control unauthorized use of the photographs/videos by persons not associated with the Town once the photographs/videos have been published.

Personal Information: The Participant understands that personal information collected on this form is collected under the authority of the *Municipal Act, S.O. 2001, c.25* and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be addressed to the Corporation of the Town of Whitby, Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.

Acknowledgement: The Participant acknowledges that the Participant is at least eighteen (18) years of age and has **carefully** read, understood, and will abide by the Corporation of the Town of Whitby's Public Code of Conduct, Privacy Policy and Terms of the Health Club Membership.

Signature	Print Name	Date (dd/mm/yyyy)
If under 18 years of age, Parent or Guardian signature is required below		
Parent or Guardian Signature	Print Name	Date (dd/mm/yyyy)

Terms and Conditions

You must be 14 years of age to become a member of the Health Club.

A Health Club Introduction will be scheduled for you when you become a member. This is a required service designed to acquaint you with the benefits of the Whitby Civic Recreation Complex Health Club (the "Health Club").

Accounts will be subject to a \$40 service charge for returned cheques or pre-authorized payments.

This membership is for your exclusive use and is non-transferrable.

Cancellations

- Cancellations must be submitted within the time frame of the membership.
- A cancellation form must be completed and submitted to a Health Club Receptionist.
- A pro-rated credit or refund will be issued as of the date submitted.
- An administration fee will be applied for refunds.
- If you decide to cancel your membership within 10 days of joining, you may choose a full refund or a credit can be applied to your account with the value of the funds received for your membership. The credit may be applied to any other Recreation program or service.
- If you decide to cancel your membership after 10 days of membership, an administration fee will be applied and you will receive a pro-rated refund.

Membership Hold Policy

- A membership hold can be approved once per membership term for annual members only.
- Staff must be notified prior to date of absence. An administration fee is required to process your membership hold.
- Hold time may be a minimum of 1 month and a maximum of 6 months and must be re-activated within one year from the start date of the hold.

Help us to ensure your safety and enjoyment by using these simple tips:

- Bring your membership card each time you visit our facility.
- Bring a lock to secure your belongings in a daily use locker. The Corporation of the Town of Whitby is not responsible for lost or stolen items.
- Remove all personal belongings from the daily use lockers.
- Wear proper attire and footwear.
- Follow posted Health Club and pool policies.
- Be respectful towards other members, patrons and staff.
- Exit the Health Club and pool prior to the scheduled closing times.
- Take advantage of our special events and healthstyle workshops.

For further assistance, please contact

The Corporation of the Town of Whitby
555 Rossland Road East
Whitby, ON L1N 2M8
905.666.1991
whitby.ca/fitness