



Membership Application Form

REV No. _____ Length _____ Date: _____, 202__

Name(s):

First	Last	Signature	Date of Birth	
			Day/Mth/Year	Sex
1.				<input type="checkbox"/> M <input type="checkbox"/> F
2.				<input type="checkbox"/> M <input type="checkbox"/> F
3.				<input type="checkbox"/> M <input type="checkbox"/> F
4.				<input type="checkbox"/> M <input type="checkbox"/> F

Address: _____

Mailing (if different): _____

Home Tel: _____ Work/Cell Tel: _____ Email: _____

Emergency Contact-1st: _____ Tel: _____ Relationship: _____

Emergency Contact:2nd: _____ Tel: _____ Relationship: _____

PAR-Q/INFORMED CONSENT and RELEASE, WAIVER AND ASSUMPTION OF RISK forms must be fully completed for each family member.

OTHER BENEFICIAL NOTES: From member and/or Staff input

*The Durham Activity Centre privacy policy relating to personal information will comply with the requirements of relevant legislation including the *Freedom of Information and Protection of Privacy Act*. Personal Information is collected to determine membership eligibility, application of any differing rates (Senior, Student, Family-which may require confirmation through viewing/photocopying of appropriate ID forms) and to assist staff in servicing your membership. It will be used for the purpose for which it was collected or a use consistent with that purpose. It will not be disclosed for any other purpose except with your consent.. Placement of your workout programs in the gym floor storage unit in the gym is your choice and placement is deemed to be your authorization for it to be accessible.

OVER for Optional Additional Benefitting Data

