



# Fitness Centre Membership Application

### Office Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

New Member \_\_\_\_\_ Previous Member \_\_\_\_\_

Previous Membership # \_\_\_\_\_

Paid by: Cash\_\_ Debit\_\_ Cheque\_\_ Credit\_\_

Amount paid: \_\_\_\_\_

Subsidy: \_\_\_Yes \_\_\_No

Membership Term:  Annual  Four Month  One Month

Membership Type:  Adult (21-64)  Child (0-13)  Youth (14-20)  Senior (65+)

Family  Active Aging (55+)

\*Please note that an Annual Membership is for one consecutive year. Memberships may not be cancelled or suspended unless special medical circumstances apply.

### Member(s) Information (Please include all members to be covered under this membership)

Last Name (Primary Contact Person)	First Name	Date of Birth (mm/dd/yy)	Age	M/F

### Primary Contact Information

Address			Apartment #
City	Province	Postal Code	Home Phone ( )
E-mail Address			Business Phone (optional) ( )
Employer			Cell Phone ( )

### Emergency Contact Information

(Please provide contact information in case of emergency – for minors primary contact should be a parent)

Primary Contact	Relationship	Home Phone: ( ) Business Phone: ( ) Cell Phone: ( )
Secondary Contact	Relationship	Home Phone: ( ) Business Phone: ( ) Cell Phone: ( )

<b>Membership Questionnaire</b>		
Please tell us how you heard about Variety Village?		
<b>Please check the appropriate box and answer the following questions:</b>	<b>YES</b>	<b>NO</b>
Do you or other applicant have any allergies? If <b>yes</b> , please specify. Name: _____ Allergic to: _____ Name: _____ Allergic to: _____		
Do you or other applicant have a medical condition or disability (i.e., epilepsy, heart condition, cerebral palsy)? If <b>yes</b> , please specify and outline any physical conditions or limitations related to the condition. Doctor's note is recommended.		
Are you or other applicant taking any medication? If <b>yes</b> , please specify.		
As a new member, you receive a free nutrition assessment. If you would like to participate in an assessment, please sign the list on the window of the personal training office.		
Would you be interested in hiring a personal Trainer? Yes_____ No_____		

### Consent and Waiver

"I recognize the risk of injury or potential health risk that may be involved in participation in the named membership, program, activity, event or volunteer opportunity, I hereby willingly assume such risk of injury or health risk for myself or for the named person(s) for whom I am in law responsible and assume full responsibility during and after my/their participation in the program, activity or event."

"In consideration of the acceptance of my application and the permission to participate in the membership, program, activity, event or volunteer opportunity, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE AND WAIVE, AND FOREVER DISCHARGE Variety – The Children's Charity (Ontario), Variety Village, all other organizations, associations, companies associated with any of the programs offered by Variety Village, and their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs and actions whatsoever and howsoever caused, arising or to arise by reason of my participation the program, activity, event or any of its associated activities."

"I also hereby give permission to Variety-The Children's Charity (Ontario), Variety Village, and all other associated organizations, associations and companies for the unrestricted right to take, use and publish my photograph, image and likeness in publications, promotional materials, website, video broadcasts, and any other communication vehicles, including electronic forms, at their discretion. Further, Variety-The Children's Charity, Variety Village and all other associated organizations, associations and companies shall have complete ownership of the photographs and images as they deem appropriate for purposes including, but not limited to, the promotion or illustration of their programs and activities. I release Variety-the Children's Charity, Variety Village and all other associated organizations, associations and companies and all of their directors, officers, employees and agents from liability claims and costs of whatever kind occurring in connection with being photographed and/or video taped or from the use of the images obtained therefrom."

"I also recognize that membership is a contract between myself and the named person(s) for whom I am in law responsible and Variety - The Children's Charity, Variety Village and all other associated organizations, associations and companies. I, for myself and for the named person(s) for whom I am in law responsible agree to pay the full term of the contract."

I understand and agree to all of the above terms and conditions:

\_\_\_\_\_  
Signature (Parent/Guardian if under 18 years)

\_\_\_\_\_  
Date (please print)

Please note:

- All information shared with Variety is treated with the strictest confidence in adherence with the Personal Information Protection & Electronic Documents Act
- Applicants may be requested to respond to inquiries from a representative of Variety Village
- Please review all terms and conditions of membership before applying

Variety Village, 3701 Danforth Avenue, Scarborough, Ontario M1N 2G2  
Main Number: 416-699-7167; Toll Free: 1-800-387-7686; TTY: 416-699-8147; Main Fax: 416-699-3926

Variety Village is the flagship project of Variety – The Children's Charity  
[www.varietylvillage.ca](http://www.varietylvillage.ca)