

Franklin Horner Community Centre Membership Application Form 2016

Annual membership fee: \$30.00 (Jan 1-Dec 31) Membership Number: _____

Name: _____ Gender: Male Female

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

I would like to receive emails about upcoming events at Franklin Horner Community Centre and related community information.

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Interests:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Fitness | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Line/Latin Dance | <input type="checkbox"/> Trips |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Lunch Programs | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Woodshop | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Congregate Dining | <input type="checkbox"/> Shuffle Board | |
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Waiver

Franklin Horner Community Center has the right to refuse membership to any individual or group.

In consideration of the acceptance of the accompanying application to participate in the specified activities, I hereby release and forever discharge the Franklin Horner Community Centre, together with its directors, officers, employees, agents and representatives (collectively “the Centre”) from any and all actions, causes of actions, claims and demands for damages, indemnity, costs, interests, loss or injury of every nature and kind whatsoever and howsoever arising which I may hereafter have against the Center in respect of personal injury or property damages sustained during my participation in activities associated with the Centre, without limitation as a result of the granting of any consent by the Centre on my behalf to emergency medical treatment. I further agree to indemnify and hold harmless the Centre from any claims that may be asserted against the Centre by third parties in respect of the aforesaid personal injury or property damage or in respect of the Centre’s consent to any necessary medical treatment on my behalf.

For the woodshop, I have read the “Woodshop Rules” and agree to follow and obey them.

By submitting this application, I acknowledge having read, understood, and agreed to this Waiver Form and agree to accept all risk for any harm associated with my participation in the programs, I acknowledge that the Centre has relied upon the information set forth in my application from in agreeing to accept me into the program and hereby warrant that the information is complete and correct in all material respects. I further agree that this Waiver Form is binding on my legal personal representatives.

Members must remain in good standing; meaning adherence to the behaviour standards set out by the Centre’s Behaviour Management Policy/Code of Conduct, and all other Centre policies.

Signature: _____ Date: _____