

HUFF N’PUFF SENIORS FITNESS ASSOCIATION *MEMBERSHIP APPLICATION FORM*

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|--|---------------------------------|--|-----------------|
| Last Name: | Given Name: | Initial(s): | Preferred Name: |
| Address: | | City: | Postal: |
| Birthdate (yyyy-mm-dd): | | Home Phone: | Mobile Phone: |
| Gender: | Spouse | Email: | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | | |
| Emergency Contact: | | Do you have any Talents you wish to share? | |
| Have you ever belonged to Huff N’ Puff in the past? Yes <input type="checkbox"/> | | Please indicate (approximately) when: | |

FEES are due with this application.

Cheque or Money Order payable to HUFF N’ PUFF SFA; Interac Debit also accepted. NO CASH please!

- ANNUAL MEMBERSHIP \$40.00 (Allows participation in “Basic” activities only)**
- SURCHARGED FEE \$35.00 (Additional Amount Required to participate in any Surcharged Activities)**
- ADMINISTRATION FEE \$5.00 (For NEW MEMBERS and LATE RENEWALS)**

PLEASE SEE OUR PROGRAM SCHEDULE FOR A FULL LIST OF ACTIVITY DESCRIPTIONS AND ADDITIONAL COSTS IF APPLICABLE
 This can be found on-line at <http://huffnpuffsf.com>; also available in the office at North London Optimist Community Centre or anywhere you can pick up our newsletter

CONDITIONS OF MEMBERSHIP

APPLICANTS MUST BE 55 YEARS OF AGE OR OLDER IN THE YEAR THEY MAKE THEIR APPLICATION

Proof of age is required e.g. Driver’s License, Birth Certificate

INFORMED CONSENT AGREEMENT

I hereby acknowledge that certain **RISKS OF INJURY** are inherent to participation in physical fitness activities. The injuries may be minor or serious and may result from one’s own actions, or the actions or inactions of others or a combination of both.

I understand that certain activities require a minimum **LEVEL OF FITNESS AND HEALTH** and that each person has a different capacity for participating in these activities. I understand that my participation in physical fitness activities at the various venues will be unsupervised.

I agree that the City of London, Recreation Department, and Huff N’ Puff Seniors Fitness Association and all private business owners, their respective employees, servants, agents or elected Directors or appointed Committee Members shall not be liable for any injuries to my person or loss or damage to my personal property arising from, or in any way resulting from my participation in these activities.

I agree that my contact information may be used for the daily operation of Huff N’ Puff Senior Fitness Association and for emergency contact information in the event of personal injury.

I consent that the use of photographs taken of me during any Huff N’ Puff activity, may be used on the Huff N’ Puff website for the sole purpose of promoting Huff N’ Puff Senior Fitness Association.

Code of Conduct Policy in Effect

I declare, having read and understood the INFORMED CONSENT AGREEMENT (above) in its entirety and hereby consent to participate acknowledging all the forgoing.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

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|---------------------------|-----------------------|---------------------------|-----------------------------|
| Basic Membership \$40.00 | Surcharge Fee \$35.00 | Administration Fee \$5.00 | TOTAL \$ _____ |
| Cheque ___ | Money Order ___ | Interac ___ (D / C) | Date Paid _____ |
| Initials _____ | | | |
| Proof of age: Dr. License | Birth Cert. | Other | Date Entered _____ by _____ |
| | | | CARD MADE Y / N |