HILLSVIEW
Active Living Centre

MEMBERSHIP APPLICATION

☐ NEW MEMBER ☐ RENEWAL (No Changes) ☐ RENEWAL with changes

Last Name: _____ First Name: _____

DO YOU CONSENT to being photographed/videotaped by Centre/Town Staff and/or the media during your involvement with the Seniors Centre(s) as a member/volunteer and are aware any image(s) may be used in Centre/Town publications, promotional material and/or on the Town Website? ☐ Yes ☐ No

DO YOU CONSENT to being contacted by Centre staff, members and/or volunteers, via e-mail/phone, regarding upcoming events and/or activities at the Centre? ☐ Yes ☐ No

WAIVER:
I hereby release the Hillsview Active Living Centres and the Town of Halton Hills from all claims for damages arising from any accident or injury which is caused by or arises from participation as a member or guest of the Centres, during any activity or in any location where an activity is being held. Permission is hereby granted to the Centres and staff to transport myself to a local doctor or hospital for medical treatment if necessary.

Signature: _____ Date: _____

New Member or Changes to Personal & Emergency Information

Date of Birth _____
(Month) (Day) (Year)

Address: _____ Town: _____

Postal Code: _____ Phone #: _____ E-mail: _____

Emergency Contact: _____ _____ Phone #: _____
(Name) (Relationship)

Voluntary Disclosure of any Health Conditions: _____

If you would like to discuss your desired outcomes of being a Member at the Centre, please contact the Centre Coordinator.

Are you currently registered and using ActiVan and/or Taxi Scrip? ☐ Yes ☐ No

Are you interested in volunteering at the Centre? ☐ Yes ☐ No

This personal information on this form is collected under the authority of Section 11 of the Municipal Act. The information is used for the purpose of processing this application and payment, program administration and aggregate statistical reporting.

Recreation & Parks Department
Tel: 905-873-2601 x2261 Fax: 905-873-1587