

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Date: _____ Date of Birth: M/D/Y _____ / _____ / _____
Name (first & last): _____
Home Phone #: (_____) - _____ - _____ Cell Phone #: (_____) - _____ - _____
Mailing Address: _____

| City/Town | Province | Postal Code |
|--|--|--|
| WARD (please check one): | | |
| <input type="checkbox"/> Ward 1 Picton | <input type="checkbox"/> Ward 2 Bloomfield/Hallowell | <input type="checkbox"/> Ward 3 Wellington |
| <input type="checkbox"/> Ward 4 Ameliasburgh | <input type="checkbox"/> Ward 5 Athol | <input type="checkbox"/> Ward 6 Hillier |
| <input type="checkbox"/> Ward 8 Sophiasburgh | <input type="checkbox"/> Ward 9 South Marysburgh | <input type="checkbox"/> Ward 4 Ameliasburgh |

Email (required): _____
Emergency Contact Name: _____
Emergency Contact Phone #: (_____) - _____ - _____ Relationship: _____
Alt. Emergency Contact Name: _____
Alt. Emergency Contact Phone #: (_____) - _____ - _____ Relationship: _____

Please sign & submit the attached forms: Photo Release & Medical Waiver

Programs of Interest: _____

\$25 fee for membership from April 1 to March 31. Those joining mid-year pay a prorated amount.

Payment Options: Pre-Authorized Debit; VISA; PayPal; cheque

Donations are appreciated and a charitable receipt will be issued for the amount of the donation.

Charitable Registration # 83100 0559 RR0001

At The Prince Edward County Community Care for Seniors Association all are protected by our Privacy Policy.

OFFICE USE ONLY

☐ New Membership ☐ Renewal Membership ☐ Gift Membership

Date Membership Paid: _____ Amount (note donation): _____

NT Number: _____ Receipt Number: _____ Form 4.4.9

**The Prince Edward County
COMMUNITY CARE FOR SENIORS
Association**

**COMMITMENT
FORM
613-476-7493**



Walking Program

I _____ have reviewed the *Lockdown, Secure and Hold, Shelter in Place Plan* (applicable to Prince Edward Collegiate Institute) and the *Fire Policy* (applicable to all walking locations) and agree that I will follow these policies and procedures at all times while participating in the Walking Program.

Signature

Date

Witness

Date



MEDICAL RELEASE

For ACTIVE LIVING PROGRAMS

Where required, programs are led by qualified instructors who are experienced and/or educated in the activity. Some programs, such as the walking program and Wii Bowling League are supervised by volunteers. Programs are not intended as therapy or rehabilitation for seniors with medical conditions or mobility problems. However, many common health problems experienced by seniors are helped by regular, moderate exercise.

The Prince Edward County Community Care for Seniors Association advises all participants in recreational programs to discuss such participation with their *primary care practitioner*. This is particularly important if you have any chronic conditions.

DECLARATION:

I have read the program description of the Active Living Programs, operated by The Prince Edward County Community Care for Seniors Association, for which I am registering and acknowledge that I have been advised to consult with my primary care practitioner about my participation.

Name (please PRINT): _____

Signature: _____

Address: _____

Date: _____

Doctor's signature NOT required.

A MEDICAL RELEASE FORM *must* be completed when registering for any exercise, fitness, or sport program. A medical release is required for each program upon registration.



Photo Release

PHOTO RELEASE

I, _____, give my consent to The Prince Edward County Community Care for Seniors Association to use my photograph.

I understand that these photographs will be used in materials promoting services and activities of The Prince Edward County Community Care for Seniors Association, including but not limited to: print materials; media releases; photo nametags; social media; and websites.

I grant the unrestricted right to The Prince Edward County Community Care for Seniors Association to copyright, use and publish pictures of me and waive any rights that I may have to inspect or approve the finished product in which my photograph appears.

I have read the above authorization and I fully understand its contents.

Signature: _____

Date: _____

Witness: _____