

Family Membership Application

*Please complete and return with membership fee. It is important that you provide us with all information asked.*

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

Parent(s)/Caregiver(s) Name(s): \_\_\_\_\_

Address:

\_\_\_\_\_  
(Number & Street) (Apt./Unit No.)  
\_\_\_\_\_  
(City) (Province) (Postal Code)

Contact Phone No.: \_\_\_\_\_ Secondary No. \_\_\_\_\_

E-mail: \_\_\_\_\_

Language Spoken at Home:

\_\_\_\_\_

Member's Names

_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation
_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation
_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation
_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation
_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation
_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation
_____ Name: First	_____ Name: Last	_____ Date of Birth: MM/DD/YYYY	_____ Relation

Name of Caregiver/Nanny: \_\_\_\_\_ Tel.: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*Please turn over to read terms and conditions/Signatures Required*

**Waiver:**

I acknowledge and agree that I (my family) will use any and all Centre facilities when permitted at my (our) own risk. Neither Eastview Neighbourhood Community Centre/East Toronto Community Centre nor its staff shall be held responsible for any incurred injuries and/or loss of personal properties. I (we) also recognise that the right to membership depends upon the individual's respect for staff, property, rules and equipment.

I understand that all personal information will be kept confidential except:

- A. *When information is legally subpoenaed or required under court order or search warrant.*
- B. *All suspicion of child abuse in any form must be reported to Children's Aid Society by Law.*

I understand that the personal information on this form is collected under the authority of the Community Recreation Centre Act. S.O. 1990C C22, and by City of Toronto Municipal Code, Chapter 25, as amended. It will be used by Eastview Staff to administer and supervise the program, to obtain care in an emergency and statistical reports. Questions about this collection may be directed to the Executive Director at Eastview Neighbourhood Community Centre, phone number: 416-392-1750 Ext.302

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I have read and acknowledge all of the terms and conditions listed above.

Primary Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

From time to time Eastview Neighbourhood Community Centre/East Toronto Community Centre participates in promotional events for the Centre. Local media will also be invited to take part.

To protect confidentiality we request Parent/Guardian permission. Please check and sign if you

**DO NOT** want your child(ren) to participate in any media (newspaper, radio/television station, etc.) event.

No \_\_\_\_\_ Signature \_\_\_\_\_

Mailing List

\_\_\_\_ Yes I wish to be on the mailing list.      \_\_\_\_ No I do not wish to be on the mailing list.

Eastview Office Use Only:

Paid     Debit     Visa     MC     Cheque     Cash

Amount Paid \$ \_\_\_\_\_

Received By: Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership # (if applicable) \_\_\_\_\_ Receipt # \_\_\_\_\_