

Adult/Senior Membership Application

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

Date: _____

Membership Year: _____

Name: _____
(Last) (First) (Called By)Address: _____
(Number & Street) (Apt./Unit No.)_____
(City) (Province) (Postal Code)

Date of Birth: _____ Age: _____ Male _____ Female _____

Email: _____ Cell Phone Number: _____

Language(s) Spoken at Home: _____

Physical Handicaps/Allergies: _____

Doctor's Name: _____ Telephone #: _____

Emergency Contact Information

Name(s) and Relationship: _____

Contact Numbers: Daytime _____ Cell Phone: _____

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:
When information is legally subpoenaed or required under court order or search warrant.
All suspicions of child abuse 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

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

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. Please sign if you **are willing** to participate in any media (newspaper, radio/television station, Eastview's Website, Facebook etc.) event and have your photo taken.

Signature: _____

I want to be on Eastview's Mailing List: **Yes** _____ **No** _____

For Office Use Only

Amount Paid: _____

Method: _____

Received By: Staff Signature: _____ **Date:** _____