THE BONNYVILLE & DISTRICT CENTENNIAL CENTRE

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION			
Full Name		Date of Birth	
Phone		Email	
Mailing Address		Emergency Contact Name	
		Emergency Contact Phone	

MEMBERSHIP INFORMATION	
Date of Purchase	

☐ 10 Punch Pass ☐ 1 Week ☐ 1 Month ☐ 3 Months ☐ 1 Year

☐ Student (13-17) ☐ Adult (18-59) ☐ Senior (60-69) ☐ Super Senior (70+) ☐ Family

RECREATION PASS

☐ 10 Punch Pass ☐ Child ☐ Student ☐ Adult ☐ Family

Family consists of 2 parents plus dependent children up to the age of 18 living at the same address.

WAIVER AND RELEASE AGREEMENT

The undersigned, as a current and future member, agrees as follows:

- I ACKNOWLEDGE that the Bonnyville & District Centennial Centre programs and activities require a minimum level of fitness and physical. Mental, and emotional health. I FURTHER UNDERSTAND AND ACKNOWLEDGE that the probability of an injury occurring depends in my part on MY or MY CHILD'S level of fitness and health as well as on the awareness, care, and skills with which I or MY CHILD conducts myself/himself/herself.
- I ACKNOWLEGE THAT THERE ARE RISKS AND DANGERS inherent with participation in a physical activity. I or MY CHILD shall participate in physical programs and utilize equipment and services at MY or MY CHILD'S own risk. THESE RISKS AND DANGERS INCLUDE BUT ARE NOT LIMITED TO: The possibility of embarrassment, physical injury, concussion, soft tissue damage, infectious diseases, cardiac arrest, even including the possible risk of severe or fatal injury.
- I ACKNOWLEDGE THAT MY or MY CHILD'S participation in any Bonnyville & District Centennial Centre's program or activity is purely voluntary and such participation is done at MY or MY CHILD'S OWN RISK and I am free to withdraw at any time. I or MY CHILD shall release and discharge the Bonnyville & District Centennial Centre, its' agents, and employees from any and all claims, demands, or actions based on negligence of the Bonnyville & District Centennial Centre.
- I ACKNOWLEDGE THAT IT IS MY PERSONAL RESPONSIBILITY to ascertain where I or MY CHILD has any health conditions which make it inadvisable to participate in any Bonnyville and District Centennial Centre's program or activity.
- I ACKNOWLEDGE THAT the Bonnyville & District Centennial Centre is not responsible for any lost, damaged or stolen property.
- I ACKNOWLEDGE THAT all memberships purchased through the Bonnyville & District Centennial Centre are 100% NON-REFUNDABLE or TRANSFERABLE.

I DECLARE that I have read, understand and agree with the contents, meaning, and impact of the above WAIVER & RELEASE AGREEMENT form before signing below.

SIGNATURE _____ DATE _____

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ADDITIONAL INFORMATION

FAMILY MEMBERSHIP INFORMATION			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

DISCOUNT TYPE

Must provide valid PHOTO ID plus one other form of ID with a current date

IF a STUDENT (18-25), complete the following:

Name of Post-Secondary Institution	
Date on Student ID	

☐ CORPORATE or CANADIAN FORCES APPRECIATION MEMBERSHIP

Name of Employer	
ID Provided	

ELECTRONIC COMMUNICATION

Please initial if you consent to receiving emails from the Bonnyville & District Centennial Centre in regard to promotions and special events INITIALS: _____

C2 Staff Member Signature _____ Date _____