



A sport, fitness and life skills facility for people of all abilities.  
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# Family Membership Application

Administrative Use Only		
Date :	Staff:	
Amount Paid:	Payment method:	Scheduled monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No

Billing / Primary Contact Information			
First Name:		Last Name:	
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone:		Home Phone:	
Address:			Unit #:
City:	Postal Code:	Province:	Country:
Secondary Contact Information			
First Name:		Last Name:	
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone:		Home Phone:	
Emergency Contact			
Name:	Relationship:	Home Phone:	
		Mobile Phone:	
		Business Phone:	
Family Membership Term			
<input type="checkbox"/> Annual	<input type="checkbox"/> 4 Month	<input type="checkbox"/> Promotion:	
Registrants			
Adult Registrant Name:			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	
Adult Registrant Name:			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	
Registrant Name:			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	
Registrant Name:			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	
Registrant Name:			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	

Form continued on reverse side →

Registrant Name:		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	
<b>Membership Questionnaire</b>		
Please tell us how you heard about Variety?		
<b>Please check the appropriate box and answer the following questions:</b>		
Do you or any members of your family have any allergies? If YES, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any members of your family have a medical condition or disability (e.g. autism, behavioural disorder, diabetes, high blood pressure, heart problems, etc.)? Doctor's note recommended.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or any members of your family taking any medications? If YES, please indicate them below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or any members of your family interested in Personal Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>CONSENT AND PHOTO/VIDEO WAIVER</b>		
<p>I recognize the risk of injury or potential health risk that may be involved in participation in the named membership, program, activity, event or volunteer opportunity, I hereby willingly assume such risk of injury or health risk for myself or for the named person(s) for whom I am in law responsible and assume full responsibility during and after my/their participation in the program, activity or event.</p> <p>In consideration of the acceptance of my application and the permission to participate in the membership, program, activity, event or volunteer opportunity, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE AND WAIVE, AND FOREVER DISCHARGE Variety – The Children’s Charity (Ontario), Variety Village, all other organizations, associations, companies associated with any of the programs offered by Variety Village, and their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF ANDFROM ALL claims, demands, damages, costs and actions whatsoever and howsoever caused, arising or to arise by reason of my participation the program, activity, event or any of its associated activities.</p> <p>I also hereby give permission to Variety-The Children’s Charity (Ontario), Variety Village, and all other associated organizations, associations and companies for the unrestricted right to take, use and publish my photograph, image and likeness in publications, promotional materials, website, video broadcasts, and any other communication vehicles, including electronic forms, at their discretion. Further, Variety-The Children’s Charity, Variety Village and all other associated organizations, associations and companies shall have complete ownership of the photographs and images as they deem appropriate for purposes including, but not limited to, the promotion or illustration of their programs and activities. I release Variety-the Children’s Charity, Variety Village and all other associated organizations, associations and companies and all of their directors, officers, employees and agents from liability claims and costs of whatever kind occurring in connection with being photographed and/or videotaped or from the use of the images obtained there from.</p> <p>I also recognize that membership is a contract between myself and the named person(s) for whom I am in law responsible and Variety - The Children's Charity, Variety Village and all other associated organizations, associations and companies. I, for myself and for the named person(s) for whom I am in law responsible agree to pay the full term of the contract.”</p> <p><b><i>I understand and agree to all of the above terms and conditions.</i></b></p>		
Signature (Parent/Guardian if under 18 years):	Date (Please print):	
<p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>• All information shared with Variety is treated with the strictest confidence in adherence with the Personal Information Protection &amp; Electronic Documents Act</li> <li>• Applicants may be requested to respond to inquiries from a representative of Variety</li> <li>• Please review all terms and conditions of membership before applying</li> </ul>		