



A sport, fitness and life skills
facility for people of all abilities.
varietyvillage.ca

Membership Application

BILL TO			
First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	Country:
Phone	Email:		
Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEMBERSHIP TERM			
<input type="checkbox"/> Annual	<input type="checkbox"/> 4 Month	<input type="checkbox"/> 1 Month	<input type="checkbox"/> Promotion Please specify:

MEMBERSHIP TYPE					
<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Senior	<input type="checkbox"/> Family	<input type="checkbox"/> Active Aging

PRIMARY CONTACT			
First Name:		Last Name:	
Address:			
City:	Postal Code:	Province:	Country:
Phone:	Work:	Cell:	
Date of Birth:	Email:		
Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REGISTRANTS			
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:



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REGISTRANTS

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:

EMERGENCY CONTACT

Primary Contact	Relationship	Home Phone:
		Business Phone:
		Cell Phone:

MEMBERSHIP QUESTIONNAIRE

Please tell us how you heard about Variety Village?

Please check the appropriate box and answer the following questions.	Yes	No
Do you or any other applicants have any allergies you would like us to be aware of? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Do you or other applicants have a medical condition or disability that you would like us to be aware of? (e.g., autism, behavioural disorder, diabetes, high blood pressure, heart problems, etc.)? Doctor's note is recommended. If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
If you or any other applicants take any medication(s) that you would like us to be aware of? If yes, please list below:	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in learning more about our personal training services?	<input type="checkbox"/>	<input type="checkbox"/>



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CONSENT AND WAIVER

"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."

"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 AND FROM 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."

"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 video taped or from the use of the images obtained there from."

"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."

I understand and agree to all of the above terms and conditions.

Signature (Parent/Guardian if under 18 years):

Date (please print):

Please note:

- All information shared with Variety is treated with the strictest confidence in adherence with the Personal Information Protection & Electronic Documents Act
- Applicants may be requested to respond to inquiries from a representative of Variety Village
- Please review all terms and conditions of membership before applying