



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

Rehabilitation to Community

Contact Information			
First name:	Last name:		
Address:			
City:	Postal Code:		
Phone:	Email:		
Date of Birth: (mm/dd/yyyy)	Gender: Male	Female	Other
Are you currently a member of Variety Village? Yes No			
Person completing form:	Relationship:		
Emergency Contact(s) Information			
Contact Name:	Relationship:		
Home:	Work/Cell Phone:		
Contact Name:	Relationship:		
Home:	Work/Cell Phone:		
Medical Information			
Reason for rehabilitation:			
Date of injury/surgery/admission/stroke: (mm/dd/yyyy)			
Allergies or Sensitivities	Yes	No	
<i>If yes, please list:</i>			
Are you currently taking any medication?	Yes	No	
<i>If yes, please specify:</i>			
Other conditions/diseases? (i.e Diabetes, Cardiovascular disease, Pulmonary disease etc.)	Yes	No	
<i>If yes, please specify:</i>			

Archie Allison
Director, Access & Awareness
Phone: 416 699 7167 x236
Fax: 416 367 0028
aallison@varietyvillage.on.ca



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Rehabilitation Information

In Patient:

Facility name:

Discharge Date:

Out Patient:

Facility name:

Discharge Date:

Are you currently participating in any therapies? (i.e. OT, PT, SLP etc.)

Yes

No

If yes, please specify:

Transportation Information

Please specify your transportation method to and from Variety Village:

Additional

Please share any mobility devices you use (ie. walker, wheelchair, cane etc.)

Would the cost of a fitness membership deter you from attending community exercise? YES NO

Any other comments or information you would like to share with us?

Photo Release

I hereby give Variety—The Children's Charity and Variety Village the right and permission to publish/broadcast, without charge, photographs/images/videos taken of the above listed participant during his or her participation in Personal Training. These photographs/ images/videos may be used in publication, including electronic publications during TV broadcast or in audio-visual presentations, promotional literature, advertising or in other similar ways.

Signature:

Date:

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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 therefrom.

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.

Parent/Guardian Signature	Date
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OFFICE USE ONLY

Date received:	Signature:
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