



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

Individual Membership Application

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

Registrant			
Registrant Name:			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender:	
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:
Emergency Contact			
Name:		Relationship:	Home Phone:
			Mobile Phone:

Membership Type & Term				
<input type="checkbox"/> Adult (21+)	<input type="checkbox"/> Child (4-13)	<input type="checkbox"/> Youth (14-20)	<input type="checkbox"/> Senior (65+)	<input type="checkbox"/> Toddler (0-2)
<input type="checkbox"/> Annual	<input type="checkbox"/> 4 Month	<input type="checkbox"/> Promotion:		

Membership Questionnaire		
Please tell us how you heard about Variety?		
NEW: COVID19 Protocol for Booking Bookings are only available to clients who can supply a doctor's note stating it is necessary or recommended you exercise. You will only need one doctor's note. All doctor's notes will be kept on file. Please confirm you can supply a doctor's note.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list below any medical conditions or disabilities:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Form continued on reverse side →



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Do you have any allergies? If YES, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking any medications? If YES, please indicate them below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in Personal Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONSENT AND PHOTO/VIDEO 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 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."

"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."

"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):
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- 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
 - Please review all terms and conditions of membership before applying