OFFICE USE ONLY:
Date: _____ Initial: ____

FITNESS CENTRE REGISTRATION

FIRST NAME: _____ LAST NAME: _____**CARD #** _____

DATE OF BIRTH: _____ # OF FAMILY MEMBERS: _____
(MM/DD/YR)

ADDRESS: _____

TOWN: _____ PROV.: _____ POSTAL CODE: _____

TELEPHONE #: _____ E-MAIL: _____

(Please provide all information required so we may contact you re: schedule & updates etc.)

FAMILY/ EXTRA ONLY FIRST NAME	LAST NAME	D.O.B.	CARD #

	#		RATE	SUB-TOTAL
ACCESS CARDS (non-refundable/taxable)		X	$5.31	
DAILY MEMBERSHIP (all Categories)		X	$5.00	
WEEKLY MEMBERSHIP (all Categories)		X	$20.00	
1 YEAR MEMBERSHIP				
ADULT		X	$ 320.00	
EXTRA MEMBER		X	$ 225.00	
FAMILY		X	$ 600.00	
SENIOR / 14–17 COLL./UNIV. (STUDENT CARD)		X	$167.00	
6 MONTH MEMBERSHIP				
ADULT		X	$ 180.00	
EXTRA MEMBER		X	$ 125.00	
FAMILY		X	$ 350.00	
SENIOR / 14–17 COLL./UNIV. (STUDENT CARD)		X	$ 117.00	
1 MONTH MEMBERSHIP				
ADULT		X	$ 38.95	
SENIOR / 14–17 COLL./UNIV. (STUDENT CARD)		X	$ 25.00	

Renewal	

ADULTS (18 & up) Seniors (65+) Students (14-17) College & University (STUDENT CARD)	**SUB-TTL**	
FAMILY: Parent(s) + Teens 14-17 & College/University living at same address	HST	
14-17-years old must be accompanied by an adult (NO MEMERBSHIP REQUIRED FOR ADULT)	**TOTAL**	

24 Hour access available upon request & approval (ADULTS ONLY)

CASH ☐ CHEQUE (payable to Town of Thessalon) ☐ CC ☐ DEBIT ☐

I, the undersigned (legal parent/guardian) in registering for this Program, agree to abide and be governed by all its prescribed by-laws, rules, regulations, policies, principles and philosophies. In registering for any activities outlined in this application, I state that I fully understand and assume the risk and responsibility for participating in an unsupervised facility and for training to an appropriate level of fitness to participate in such a physically demanding activity. I hereby state that I am fit to participate. I also waive all claims for myself and for anyone acting on my behalf, against any and all sponsors of the Fitness Centre, presented by the Town of Thessalon, and the Ministry of Tourism, Sport & Culture for damages that might result from my participating therein. If I am injured or taken ill, I hereby authorize officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also understand that in the course of my participation in these activities, film or photographs may be taken. I acknowledge and agree that such film/photographs may be used in any medium by the Town of Thessalon Recreation and all its related entities and agencies for advertising and promotional purposes in any medium without compensation to me. **Must be 18 years of age in order to sign below. If under 18 yrs of age please have parent or guardian consent.**

SIGNATURE: _____

PARENT SIGNATURE: _____

Please submit completed form & payment to: Town of Thessalon**,** P.O. Box 220, 187 Main Street, Thessalon, ON P0R 1L0