



Fitness Centre Registration

Member/Card# _____

333 River St. Thessalon, ON

Name: _____

Date of Birth: _____

Address: _____

Municipality: _____ Postal Code: _____

Telephone: _____ Email: _____

Additional Family Members

First Name	Last Name	D.O.B.	CARD #

Member Access (Non-refundable)	Rate (Plus tax)	Please Check Applicable
Access Cards	\$5.31	
Mobile Access	\$8.23	

Membership (Non-refundable)	Rate (Plus tax)	Please Check Applicable
Daily	\$5.00	
Weekly	\$20.00	
1 Month		
Adult	\$43.95	
Senior/Student	\$30.00	
6 Month		
Adult	\$190.00	
Extra Member	\$135.00	
Family	\$360.00	
Senior/Student	\$127.00	
1 Year		
Adult	\$335.00	
Extra Member	\$240.00	
Family	\$615.00	
Senior/Student	\$182.00	

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 years of age please have parent or guardian consent.

MEMBER SIGNATURE: _____

PARENT/GUARDIAN/CARE PROVIDER SIGNATURE: _____

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

If you would like to pay by e-transfer please contact the Town Office at townofthess@thessalon.ca or 705-842-2217 for total

E-transfers can be sent to etransfer@thessalon.ca; please place Fitness Membership & name in the MEMO