

**CALEDON SENIORS RECREATION CENTRE
HEAD OFFICE AT ROTARY PLACE**

Name: Mr./Mrs./Ms./Miss _____

Address: _____

_____ **Postal Code:** _____

Phone Number: _____

E-Mail Address: _____

Do you want newsletter by: **Mail** _____ or **E-mail** _____ or **Pick up** _____

Please list any disabilities _____

Please list any allergies _____

Date of Birth _____ / _____ / _____
MM DD YEAR

Emergency Contact :

Name _____

Relationship _____

Phone # _____

What kind of help or talent could you provide?

_____ helping with luncheons _____ help organize special events

_____ fundraising _____ donate to craft/bake table

_____ help organize activities _____ I have a musical talent

_____ interested on being on the board or program committee

PLEASE FILL IN INFORMATION ON REVERSE SIDE

CALEDON SENIORS CENTRE

RELEASE FORM

MEMBERS NAME _____

DATE: _____

In consideration of the Caledon Seniors Centre permitting me, listed above, to participate in any activities offered by the Caledon Seniors Centre. I, for myself, and for all other persons who may be entitled to make a claim, hereby release and discharge and indemnify and save harmless the Caledon Seniors Centre and its agents and employees from all claims whomsoever made damages, liabilities or losses arising from injury to or the death of myself and/or the person(s) listed above by reason of my and/or his, her or their participation in the activities at the Caledon Seniors Centre or by reason of the provision of medical care to me and/or him, her or them.

Photo Release Policy: I understand that photograph(s) taken of me while participating in the organizations events or programs can be used wholly or in part for publications associated with the Caledon Seniors' Centre.

Privacy Policy: The Caledon Seniors' Centre is committed to safeguarding the privacy of Personal Information of its members, volunteers, instructors, donors and other stakeholders. Your personal information will not be shared with anyone other than the staff and office volunteers of the Caledon Seniors' Centre. To review our complete privacy policy please refer to our Policy and Procedure Manual posted on the bulletin board in the Bob Smith Room.

SIGNATURE OF PARTICIPANT _____

FOR OFFICE USE:

Membership Date: _____ *Card Issued:* _____ *Amount Paid:* _____

Add to Mailing List _____ *Newsletter* _____ *Membership List* _____

Data Updated on My Seniors Centre _____ *Photo* _____