CALEDON SENIORS CENTRE MEMBERSHIP APPLICATION

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

Address: _____

Postal Code: _____ **Phone Number:** _____

E-Mail Address: _____

Newsletter sent by (please choose one) **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 # _____

Are you available to volunteer or share your talents?

_____ help with luncheons   _____ help with special events

_____ fundraising ideas & events   _____ donate to craft/bake table

_____ help with programs & activities   _____ I have a musical talent

_____ interested on being on the Board of Directors or Programs Committee

_____ Volunteer at our Satellite Locations

<mark>**PLEASE FILL IN INFORMATION ON REVERSE SIDE**</mark>

<u>CALEDON SENIORS CENTRE</u>
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 it's 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 and it's Satellite Locations or by reason of the provision of medical care to me and/or him, her or them.

<u>Photo Release Policy</u>: 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.

<u>Privacy Policy:</u> 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 main lobby area at the Caledon Seniors Centre, 7 Rotarian Way, Bolton.

SIGNATURE OF PARTICIPANT _____

FOR OFFICE USE:

Membership Date: _____ *Card Issued:* _____

Add to Mailing List_____ Newsletter _____Membership List_____

Data Updated on My Seniors Centre:_____ Photo_____