



MEMBERSHIP FORM & WAIVER

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Medical Conditions: _____

Medications: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Membership		After Hours Access - \$5.00/Month	<input type="checkbox"/>
Individual Monthly - \$30.00	<input type="checkbox"/>	Student/Senior Monthly - \$20.00	<input type="checkbox"/>
Individual Yearly - \$330.00	<input type="checkbox"/>	Student/Senior Yearly - \$220.00	<input type="checkbox"/>
Individual 3 Day Pass - \$10.00	<input type="checkbox"/>	Student/Senior 3 Day Pass - \$5.00	<input type="checkbox"/>

Please Note: Student Rates apply for members aged 13 to 17 or, with valid University/College photo ID, to the age of 25. Students aged 13 to 15 must be accompanied by an adult at all times. Seniors' rates apply for members aged 65 and over.

Orientation Required Yes Date: _____ No

Code of Conduct

1. Members must follow all Bancroft Fitness rules and Regulations.
2. Knapsacks, Bags and Jackets are to be left in change rooms, or alternate designated area, not near any Equipment.
3. Bancroft Fitness is not responsible for lost or stolen items.
4. Outdoor shoes are to be removed prior to entering Bancroft Fitness.
5. Clean, indoor athletic shoes are required. Bare feet, Crocs, Sandals, Work Boots, etc., are not permitted.
6. Proper fitness attire is required.
7. Wipe down and return/put away all equipment after each use.
8. Members must respect the building, equipment, other patrons and Bancroft Fitness staff and volunteers.
9. There is a ZERO tolerance policy for inappropriate behaviour. This includes, but is not limited to any of the following: Yelling, Violence, Theft, Intimidation, Weapons, Threats, Harassment, Aggression, Swearing, Damage, Demanding, Abuse, Sexual Harassment, Spitting, Overuse of Chalk, Monopolization of a Piece of Equipment.
10. Students aged 13 to 15 must be accompanied by an adult at all times.
11. Contravention of the above Rules and Regulations may result in membership suspension or termination.

Waiver

Understanding that Physical Fitness/Exercise may result in injury and in consideration of the acceptance of my application and the permission to participate as a member of Bancroft Fitness, I, for myself, my heirs, executors, administrators and successors hereby release, waive and forever discharge Bancroft Fitness and all other associations, sanctioning bodies and sponsoring companies, and all the respective employees, volunteers, agents, officials, servants, contractors, representatives, successors of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation at Bancroft Fitness, whether as spectator, participant, competition or otherwise; whether prior to, during or subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected to my participation in the said event.

By submitting this entry, I acknowledge having read, understood and agreed to the above code of conduct, waiver, release and indemnity. I warrant that I am physically fit to participate, exercise and work-out at Bancroft Fitness.

Participant Signature: _____ Date: _____

*If under 18 years of age, please have a parent or guardian sign below.

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

Personal information is collected under the Freedom of Information and Protection of Privacy Act for the purpose of registration and participation at Bancroft Fitness.

For Office Use Only

Waiver	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Expiry: _____
Par-Q	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date Received: _____
COVID-19 Risk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date Received: _____
Swipe Card	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Card Number: _____
