



Membership Application

Office Use Only

Approved by: _____

Date: _____

New Member _____ Previous Member _____

Previous Membership # _____

Paid by: Cash__ Debit__ Cheque__ Credit__

Amount paid: _____

Membership Type: ___ VV Membership ___ Four Month ___ Active Aging

Special Needs: ___ No ___ Yes (If yes, please fill out Medical Form)

Today's Date: _____

Personal Information

Last Name	First Name	Date of Birth (mm/dd/yy)	Age	M/F

Contact Information

Address			Apartment #
City	Province	Postal Code	Home Phone ()
E-mail Address	Please print clearly		Business Phone () Cell Phone ()

Emergency Contact Information

(please provide contact information in case of emergency – for minors primary contact should be a parent)

Primary Contact	Relationship	Home Phone () Business Phone () Cell Phone ()
Secondary Contact	Relationship	Home Phone () Business Phone () Cell Phone ()

Membership Questionnaire		
How did hear about Variety Village?		
Please check the appropriate box and answer the following questions:	YES	NO
Do you or other applicant have any allergies? If yes , please specify.		
Do you or other applicant have a medical condition or disability (i.e., epilepsy, heart condition, cerebral palsy)? If yes , please specify and outline any physical conditions or limitations related to the condition.		
Are you or other applicant taking any medication? If yes , please specify.		
<p>As a new member, you receive a fitness assessment and “get started” introduction. Current members may purchase this package by paying the Initiation Fee. Please indicate when you would like to book the assessment:</p> <p><input type="checkbox"/> Book now <input type="checkbox"/> Contact me later <input type="checkbox"/> I'm not interested in the fitness assessment</p> <p>If you want us to contact you later, please tell us when and how you would like to be contacted:</p>		

Consent and Waiver

“I recognize the risk of injury or potential health risk that may be involved in participation in the named membership, program, activity, event or volunteer opportunity, I hereby willingly assume such risk of injury or health risk for myself or for the named person(s) for whom I am in law responsible and assume full responsibility during and after my/their participation in the program, activity or event.”

“In consideration of the acceptance of my application and the permission to participate in the membership, program, activity, event or volunteer opportunity, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE AND WAIVE, AND FOREVER DISCHARGE Variety – The Children’s Charity (Ontario), Variety Village, all other organizations, associations, companies associated with any of the programs offered by Variety Village, and their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs and actions whatsoever and howsoever caused, arising or to arise by reason of my participation the program, activity, event or any of its associated activities.”

“I also hereby give permission to Variety-The Children’s Charity (Ontario), Variety Village, and all other associated organizations, associations and companies for the unrestricted right to take, use and publish my photograph, image and likeness in publications, promotional materials, website, video broadcasts, and any other communication vehicles, including electronic forms, at their discretion. Further, Variety-The Children’s Charity, Variety Village and all other associated organizations, associations and companies shall have complete ownership of the photographs and images as they deem appropriate for purposes including, but not limited to, the promotion or illustration of their programs and activities. I release Variety-the Children’s Charity, Variety Village and all other associated organizations, associations and companies and all of their directors, officers, employees and agents from liability claims and costs of whatever kind occurring in connection with being photographed and/or video taped or from the use of the images obtained therefrom.”

I understand and agree to all of the above terms and conditions:

Signature (Parent/Guardian if under 18 years)

Date (please print)

Please note:

- All information shared with Variety is treated with the strictest confidence in adherence with the Personal Information Protection & Electronic Documents Act
- Applicants may be requested to respond to inquiries from a representative of Variety Village
- Please review all terms and conditions of membership before applying

Variety Village, 3701 Danforth Avenue, Scarborough, Ontario M1N 2G2
Main Number: 416-699-7167; Toll Free: 1-800-387-7686; TTY: 416-699-8147; Main Fax: 416-699-3926

Variety Village is the flagship project of Variety – The Children’s Charity
www.varietyonario.ca/village