



YORK STUDENT MEMBERSHIP

September 2014 to April 2015



GLENDON ATHLETIC CLUB: 2275 Bayview Avenue, Toronto ON M4N 3M6 Phone: (416) 487-6717

STUDENT MEMBER

Please fill out the following information about yourself.

Last Name: _____ First Name: _____

Contact Phone #: (_____) _____ York Student #: _____

Date of Birth: M_____/D_____/Y_____ Address: _____

NOTE: *If Member is under 18 years of age, the Parent/Guardian must sign on his/her behalf.*

MEMBERSHIP OPTIONS:

Membership Includes Group Exercise Classes, Spinning, Weight Room, Pool,
Gymnasium, Indoor Golf Driving Range, Boxing Studio, Squash and Tennis Courts

	<u>CHECK ONE:</u>	
<input type="checkbox"/>	GLENDON STUDENT	
<input type="checkbox"/>	KEELE STUDENT	Valid September 1, 2014 – April 30, 2015
<input type="checkbox"/>	GRADUATE STUDENT	
		\$13.27 + HST \$15.00

OPTIONAL MEMBERSHIP ADD-ONS

<input type="checkbox"/>	TOWEL SERVICE	Valid September 1, 2014 – April 30, 2015
		\$ 80 + HST = 90.40 \$

Please TURN OVER ► ► ► ►

PHYSICAL READINESS QUESTIONNAIRE (PAR Q):

This area must be completed for each member. An affirmative response may require additional information from you and/or your physician prior to membership approval. Please indicate your response with a circle. (Y = YES / N = NO)

QUESTION	MEMBER
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Y N
Do you feel pain in your chest when you do physical activity?	Y N
In the past month, have you had chest pain when you were not doing physical activity?	Y N
Do you lose your balance because of dizziness or do you ever lose consciousness?	Y N
Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	Y N
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Y N
Do you know of <u>any other reason</u> why you should not do physical activity?	Y N

Comments: _____

SUMMARY OF FEES	AMOUNT
Membership	
Towel Service	
Subtotal	
HST (13%)	
TOTAL OF ALL FEES	

PAYMENT OPTIONS

Please indicate below the method in which you will be paying for your membership.

Please indicate the method by which you will be paying for your membership:

- Cash
 Interac
 Visa
 Master Card

AGREEMENT AND WAIVER

Please read carefully and sign the agreement below.

- By signing this agreement, I adhere to the terms of this contract.
- I understand that my athletic membership is non-transferable and non-refundable.
- I have read the regulations of The Glendon Athletic Club outlined in the GAC brochure.
- I understand that if I do not abide by the regulations, the University may suspend or withdraw my privileges.
- I am using The Glendon Athletic Club facilities, equipment, and participating in exercise programs of my own volition.
- I will not hold York University or its employees responsible for any injuries sustained from the use of the facility.

NOTE: If Member is under 18 years of age, the Parent/Guardian must sign on his/her behalf:

SIGNATURE: _____ DATE (MM/DD/YY): _____

OFFICE USE ONLY

- Required ID
 Payment
 Par-Q
 Waiver
 Photo

Staff Initials: _____

Date Taken: _____