



# GLENDON ATHLETIC CLUB ANNUAL MEMBERSHIP

Membership #: \_\_\_\_\_

- Alumni (York)    
  Community    
  Senior    
  Young Adult

**Membership includes:** Group Exercise Classes ▪ Spinning ▪ Weight Room ▪ Pool ▪ Squash ▪ Tennis ▪ Gymnasium ▪ Indoor Golf Driving Range ▪ Towel Service

**Add-Ons include:** Spouse/Partner ▪ Dependents (Child/Youth) ▪ Locker ▪ Parking

## PRIMARY MEMBER

*Please fill out the following information about yourself:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Res. Phone: (\_\_\_\_\_) \_\_\_\_\_ Bus. Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Date of Birth: M\_\_\_\_\_/D\_\_\_\_\_/Y\_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Alumni Number: \_\_\_\_\_ (MUST present York University Alumni Card upon sign-up)

## SPOUSE

Defined as the Spouse/Partner of the Primary Member residing at the same address as the Primary Member. Must provide proof of address.

*Please fill out the following information about your spouse/partner:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Bus. Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Date of Birth: M\_\_\_\_\_/D\_\_\_\_\_/Y\_\_\_\_\_  
 Email Address: \_\_\_\_\_

## DEPENDENT CHILDREN

- CHILD Membership defined as 12 years and under (x \_\_\_\_\_)  
 YOUTH Membership defined as 13 to 24 years (x \_\_\_\_\_)

*Please fill out the following information about your dependents:*

	Last Name	First Name	Date of Birth	Child or Youth
1			M_____/D_____/Y_____ M_____/D_____/Y_____ M_____/D_____/Y_____ M_____/D_____/Y_____	
2				
3				
4				

ANNUAL FEES:		AMOUNT
Primary Membership	(a)	\$
Spouse Membership	(b)	\$
Building Fee (x _____) (one time only; applicable to both Primary & Spouse Memberships; Community/Alumni/Seniors/Young Adults)	(c)	\$
Youth Membership	(d)	\$
= Subtotal (a+b+c+d)		\$
HST (13%)		+
<b>= (A) Total MEMBERSHIP Fees</b>		<b>= \$ (A)</b>
LOCKER FEES: (Full or Half) # _____ / # _____ / # _____		\$
HST (13%)		+
<b>= (B) Total LOCKER Fees</b>		<b>= \$ (B)</b>
<b>PARKING FEES (cannot exceed membership expiry date) = (C) Total PARKING Fees</b>		<b>= \$ (C)</b>
<b>TOTAL ANNUAL FEES (A+B+C)</b>		<b>\$</b>

### 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(S)		DEPENDENT(S)			
	PRIMARY	SPOUSE	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>th</sup>
Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?	Y N	Y N	Y N	Y N	Y N	Y N
Do you feel pain in your chest when you do physical activity?	Y N	Y N	Y N	Y N	Y N	Y N
In the past month, have you had chest pain when you were not doing physical activity?	Y N	Y N	Y N	Y N	Y N	Y N
Do you lose your balance because of dizziness or do you ever lose consciousness?	Y N	Y N	Y N	Y N	Y N	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	Y N	Y N	Y N	Y N	Y N
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Y N	Y N	Y N	Y N	Y N	Y N
Do you know of <u>any other reason</u> why you should not do physical activity?	Y N	Y N	Y N	Y N	Y N	Y N

Comments: \_\_\_\_\_

**If you answered YES to one or more questions:** Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which programs are safe and helpful for you.

#### Signatures are required by the following members:

PRIMARY MEMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE MEMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPENDENT (18 YRS +): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPENDENT (18 YRS +): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

1<sup>st</sup> CHILD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2<sup>nd</sup> CHILD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

- PayPlan (with credit card only - please complete PAYPLAN form)  
 Cash       Interac       Personal Cheque (made payable to York University)       Visa  
 Master Card      \*Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

month      year

**PAYMENT VIA CREDIT CARD**

I hereby authorize the Glendon Athletic Club to charge my credit card account for the membership fees outlined on this membership form. \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature)

**Privacy:** Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering athletic membership services, participation in athletic activities and related purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: The GAC Director, 2275 Bayview Avenue, Toronto, ON M4N 3M6, 416-487-6717

**AGREEMENT AND WAIVER** Please read carefully and sign the agreement below:

- I understand that payment is due in full.
- 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 Membership Regulations brochure.
- I understand that if I do not abide by the regulations, the University may suspend or withdraw my privileges.
- I/we am/are using the Glendon Athletic Club facilities, equipment, and participating in exercise programs of my/our own volition.
- I/we will not hold York University or its employees responsible for any injuries sustained from the use of the facility or from participation in any programs.
- I understand that the GAC will be closed during the university-wide shut down in December/January and on statutory holidays. I am aware that no refunds/extensions will be issued.
- By signing this agreement, I/we adhere to the terms of this contract.

SIGNATURE: \_\_\_\_\_ DATE (MM/DD/YY): \_\_\_\_\_

**OFFICE USE ONLY**

- |  |  |   |                                |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Payment                 | <input type="checkbox"/> CLASS Receipt # _____ | <input type="checkbox"/> PayPlan Form               | <input type="checkbox"/> Par-Q |
| <input type="checkbox"/> Agreement & Waiver      | <input type="checkbox"/> Locker                | <input type="checkbox"/> Photo                      |                                |
| <input type="checkbox"/> Weight Room Orientation | <input type="checkbox"/> Child                 | <input type="checkbox"/> Guest Passes (2 per adult) |                                |

Staff Initials: \_\_\_\_\_

Date Taken: \_\_\_\_\_

Membership Expiry Date: \_\_\_\_\_