



GLENDON ATHLETIC CLUB MONTHLY MEMBERSHIP

Membership #: _____

- Community Senior Alumni 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) ▪ 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: _____

Please note: those applying for a Senior Membership must provide verification of date of birth

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 _____	
2			M _____ /D _____ /Y _____	
3			M _____ /D _____ /Y _____	
4			M _____ /D _____ /Y _____	

MONTHLY FEES:	AMOUNT
Primary Membership	\$
Spouse Membership	\$
Youth Membership (c)	\$
= Subtotal (a+b+c)	\$
HST (13%)	+
= (A) Total MEMBERSHIP Fees	= \$ (A)
PARKING FEES (cannot exceed membership expiry date)	
= (B) Total PARKING Fees	= \$ (B)
TOTAL MONTHLY FEE (A+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 ST	2 ND	3 RD	4 th
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	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:

1st CHILD: _____ SIGNATURE: _____ DATE: _____

2nd CHILD: _____ SIGNATURE: _____ DATE: _____

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

Cash Interac Personal Cheque (made payable to York University)
 Visa _____ Master Card *Card Number: _____ Exp Date: ____/____/____
month year

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

Payment CLASS Receipt # _____ Par-Q Agreement & Waiver
 Photo Weight Room Orientation Child

Staff Initials: _____ Date Taken: _____ Membership Expiry Date: _____