



GAC Non-Member Registration Form September 1, 2019 to August 31, 2020

Last Name of Participant		First Name of Participant	
Street Address			
City	Province	Postal Code	
Date of Birth (dd-mm-yyyy)	Contact Name (parent/guardian)	Contact Name (parent/guardian)	
Name of Program	Day (program takes place)	Time (program takes place)	
Home Phone	Work Phone	E-mail	

Payment (circle one)	Cash	Debit	VISA	MasterCard
Credit Card Number			Expiry Date	
Name of Card Holder			Total: \$	
Note: Credit card information is valid from September 1, 2019 to August 31, 2020				
Signature				

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

This section must be completed for each participant (if the participant is under 18 years of age, a parent/guardian must complete this section on his/her behalf). An affirmative response will require additional information from you and/or your physician prior to registration approval. Please indicate your response with a circle. (Y = YES / N = NO)

QUESTION	
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:

If you answered YES to ONE OR MORE QUESTIONS:

Speak with your physician, by phone or in person, BEFORE you begin to increase your physical activity or BEFORE you have a fitness appraisal. Tell your physician about the PAR-Q and to which questions you answered YES. You may be able to do any activity you want – as long as you start slowly and gradually increase – or you may need to restrict your activities. Tell your physician about the types of activities you wish to participate in and follow his/her advice. Find out which programs are safe and helpful for you.

PRIVACY STATEMENT: Protection of Privacy: Personal information about you is collected in connection with this application under the authority of **The York University Act, 1965** and **Freedom of Information and Protection of Privacy Act**. If you have any questions about the collection of this information, please contact: Privacy Officer, York University, 4700 Keele Street, Toronto, Ontario M3J 1P3, (416) 736-5310.

Signatures are required:

PARTICIPANT: _____ SIGNATURE: _____ DATE: _____

If participant is under 18 years of age, the parent/guardian must sign on his/her behalf:

CHILD: _____ PARENT'S SIGNATURE: _____ DATE: _____

CONSENT AND RELEASE AGREEMENT

I give permission for my child(ren) to participate in the Glendon Athletic Club programs/camps and agree that York University, its employees, officers, Board of Governors and agents will not be held responsible for any accident or loss however caused and agree to release them from all claims and damages which may arise as a result of such accident or loss. In signing this consent and release agreement, I hereby acknowledge that I have read and understood the conditions and certify that my child is in good physical health and that there is no medical reason why he/she should not attend.

Name of Child: 1) _____

 2) _____

 3) _____

Parent's Name _____ (please print)

Parent's Signature _____

Date _____

PHOTO PERMISSION

I give permission for the use of any photos of myself, my spouse/partner or my child(ren) taken while participating in any Glendon Athletic Club program/camp to appear in a future brochure or other future program/camp advertising.

Name of Child: 1) _____

 2) _____

 3) _____

Parent's Name _____ (please print)

Parent's Signature _____

Date _____