

**YMCA OF WOOD BUFFALO / CLUB 63 NORTH
GROUP MEMBERSHIP APPLICATION FORM
October 1, 2011 to September 30, 2012**

Member Information (please print and complete in full)

Club 63 Member Name: _____ **Mail Drop** _____

_____ **RENEWAL** _____ **NEW** **YMCA MEMBERSHIP #:** _____

Adult #1 Last Name: _____ First Name: _____

Adult #2 Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Telephone (h): _____ Telephone (c): _____

Category: _____ **\$440 - Adult**
(Check One) _____ **\$715 - Adult Couple** (*Spouse or common-law must be listed on the SCL Dependant list*)
_____ **\$325 - Senior (65+)**
_____ **\$325 - Teen (13-17)**
_____ **\$220 - Child (3-12)**
_____ **\$640 - One Adult Family - # of Children** _____
_____ **\$925 - Two Adult Family - # of Children** _____

Children's names and DOB:

_____ - _____ | _____ - _____
(Name) (DOB) (Name) (DOB)

_____ - _____ | _____ - _____
(Name) (DOB) (Name) (DOB)

PART TWO: This part will consist of: Names & Birthdates of all participants; pertinent health/medical information; Release of Liability, etc. Part two will be completed at the YMCA.

MEMBERSHIP CONDITIONS

PLEASE INITIAL EACH ONE:

- ___ Members in physical activity are encouraged to have a medical checkup performed by their own physician before participating in active exercise. You may wish to review the results with the physical education staff.
- ___ I hereby acknowledge and understand that physical activity is potentially hazardous and that as a participant I am exposed to risks inherent in any physical activity.
- ___ I understand that this membership is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to another individual.
- ___ If your membership card is lost or stolen a replacement fee of \$5.00 is charged for reproduction of a new card.

MEMBERSHIP CARDS ARE REQUIRED TO BE SHOWN AT THE TIME OF ENTRY FOR EACH VISIT. THE YMCA RESERVES THE RIGHT TO CANCEL MEMBERSHIP AT ANYTIME.

I have read and herby understand the conditions of this membership.

Signature: _____ Date: _____

Please charge my credit card # _____ Exp: _____

Return form to Club 63 North | 9911 MacDonald Avenue : Fax 780-790-6198 | email Club63@syncrude.com | Mail Drop 5200