

Syncrude Sport & Wellness Centre
CLUB 63 NORTH GROUP MEMBERSHIP APPLICATION FORM
 October 1, 2011 to September 30, 2012

PART ONE: Member Information (please print and complete in full)

Club 63 North Member Name: _____ **Mail Drop** _____
Employee # _____

Adult #1 Last Name: _____ First Name: _____

Adult #2 Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Telephone (h): _____ Telephone (w): _____

- Category: _____ **\$280 - Adult (18+)**
 (Check One) _____ **\$530 - Adult Couple** (*Spouse or common-law must be listed on the SCL Dependant list*)
 _____ **\$255 - Senior (60+)**
 _____ **\$175 - Youth (13 – 17)**
 _____ **\$420 - One Adult Family - # of Children** _____
 _____ **\$670 - Two Adult Family - # of Children** _____
 _____ **\$140 - Walking Track only**

Children's names and DOB:

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

MEMBERSHIP CONDITIONS

PLEASE INITIAL EACH ONE:

Membership Conditions

- Syncrude Sport and Wellness memberships are Not Refundable and Not Transferable to another individual
- Members must have a SSWC membership card (photo) visible at all times when using any SSWC facilities.
- If SSWC membership card is lost or stolen, a \$25 replacement fee will be charged.
- Members will notify SSWC with personal information changes in name, address, telephone number, or family status.
- The Syncrude Sports and Wellness Centre reserves the right to cancel membership at any time

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

Signature: _____ Date: _____

Please charge my credit card # _____ Exp: _____

Syncrude Sport & Wellness Membership Agreement Form

This form is to be taken to the SS&WC on your first visit

Membership Type

New: _____ Renew: _____

Adult: <u>18 +</u>	Youth: <u>13 – 17</u>	Senior: <u>60+</u>	Couples: <u>Two adults 18+</u>
One Adult Family: <u>One 18+ with children age 0 – 17 same household</u>			
Two Adult Family: <u>Two 18+ with children age 0 – 17 same household</u>			

Main Account Holder Information

Last Name: _____ First Name: _____ Birthday: ____/____/____
Gender: Male _____ Female _____
Home Address: _____ City: _____
Province: _____ Postal Code: _____
Home Phone: _____ Mobile Phone: _____
Email: _____ Employer: _____
Work Phone: _____
Emergency Contact Name & Telephone: _____
Medical Conditions: _____

Family Member Information

Last Name: _____ First Name: _____ Birthday: ____/____/____
Gender: Male _____ Female _____
Email: _____ Phone: _____
Employer & Phone: _____
Emergency Contact Name & Telephone: _____
Medical Conditions: _____

Last Name: _____ First Name: _____ Birthday: ____/____/____
Gender: Male _____ Female _____
Email: _____ Phone: _____
Employer & Phone: _____
Emergency Contact Name & Telephone: _____
Medical Conditions: _____

Last Name: _____ First Name: _____ Birthday: ____/____/____
Gender: Male _____ Female _____
Email: _____ Phone: _____
Employer & Phone: _____
Emergency Contact Name & Telephone: _____
Medical Conditions: _____

Last Name: _____ First Name: _____ Birthday: ____/____/____
Gender: Male _____ Female _____
Email: _____ Phone: _____
Employer & Phone: _____
Emergency Contact Name & Telephone: _____ Medical Conditions: _____

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I have read and understood the agreement of membership type, conditions, policies to this Syncrude Sport and Wellness Centre membership.

Date: _____ Signature of Main Account Holder: _____