

## MEMBERSHIP REGISTRATION FORM

### Membership Type (Please Choose One For Each Section):

Facility:	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both (Pool and Fitness)	<input type="checkbox"/> Aqua Fitness	
Type:	<input type="checkbox"/> 10 Pass	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 1 Year	
Category:	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Senior	<input type="checkbox"/> Family**

\*\*Please fill out reverse for each family member\*\*

### Customer Information: (Customer Information is required for both Payer and Member Holder)

\*Mandatory Fields

#### Name:

First*	Middle	Last*
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#### Residential Address:

Street*	City*	Province*	Postal Code*
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#### Mailing Address: Same as above

Street	City	Province	Postal Code
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#### Contact Information:

Phone*:	Home	Work	Cell
Email:	<input type="checkbox"/> Promotional Emails?		

#### Personal Information:

Role in Family:	<input type="checkbox"/> Adult / Guardian	<input type="checkbox"/> Child/Dependant
Gender*:	Date of Birth*:	or <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+)
<input type="checkbox"/> Head of Household? <input type="checkbox"/> Promotional Postal Mailing?		

#### In Case of Emergency, Contact\*:

Contact Name*:	First*	Last*
Relationship*:		
Phone*:	Home	Other

#### Notes\*:

Medical Alert*:	
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## Family Membership

Family Membership is up to 2 adults and all children living at home under 18 or attending College full time. Please list all household members below.

First*	Middle	Last*
Role in Family: <input type="checkbox"/> Adult / Guardian <input type="checkbox"/> Child/Dependant		<input type="checkbox"/> Head of Household?
Gender*:	Date of Birth*:	or <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+)
Medical Alert*:		

First*	Middle	Last*
Role in Family: <input type="checkbox"/> Adult / Guardian <input type="checkbox"/> Child/Dependant		<input type="checkbox"/> Head of Household?
Gender*:	Date of Birth*:	or <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+)
Medical Alert*:		

First*	Middle	Last*
Role in Family: <input type="checkbox"/> Adult / Guardian <input type="checkbox"/> Child/Dependant		<input type="checkbox"/> Head of Household?
Gender*:	Date of Birth*:	or <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+)
Medical Alert*:		

First*	Middle	Last*
Role in Family: <input type="checkbox"/> Adult / Guardian <input type="checkbox"/> Child/Dependant		<input type="checkbox"/> Head of Household?
Gender*:	Date of Birth*:	or <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+)
Medical Alert*:		

First*	Middle	Last*
Role in Family: <input type="checkbox"/> Adult / Guardian <input type="checkbox"/> Child/Dependant		<input type="checkbox"/> Head of Household?
Gender*:	Date of Birth*:	or <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+)
Medical Alert*:		