



Membership Application Form

Resident \$60.00

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Non- Residents \$100.00:

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Name _____

(FAMILY NAME)

(FIRST NAME)

(MAIDEN)

Date of Birth: _D____/M____/Y____

Address: _____ Apt: _____ City: _____ Postal Code: _____

Phone (____)____-____ Email: _____

Cell: (____)____-____

Person to contract in the event of an emergency (friend or relative)

Name: _____ Phone Number(____)____-____

Would you like to volunteer: Decorations () Office () Kitchen () Cleaning ()

For office use only:

Paid: ____ Cash ____ Cheque ____ Debit/Credit ____ Entered on Wix

Assumption of Risk and Participant Acknowledgement

I acknowledge that my participation in programs, recreational activities, fitness classes, events and my use of the facilities and equipment of the 55+ Centre are voluntary and involve inherent risks, including the risk of slips, falls, equipment failure, collisions with other participants and other accidental injuries.

I acknowledge that it is my responsibility to determine whether I am physically and medically able to participate in any activity offered by the Centre. I agree to participate only in activities that are appropriate for my health, physical condition, and abilities and to stop participating if I experience pain, dizziness, illness, or any other condition that may affect my safety or the safety of others.

I agree to exercise reasonable care at all times, to use the facilities and equipment safely and only as intended, and to comply with all rules, policies, safety instructions and directions of the Centre, its employees, instructors and volunteers.

I understand that I am responsible for my personal belongings while attending the Centre. To the extent permitted by the laws of Québec, the 55+ Centre is not responsible for the loss, theft, or damage of personal property brought onto its premises, except where such loss or damage results from the fault of the Centre or another person for whom the Centre is legally responsible.

The 55+ Centre reserves the right to suspend or revoke the membership or facility privileges of any person who fails to comply with Centre policies, misuses equipment or facilities, or engages in abusive, threatening, unlawful, disruptive or unsafe conduct.

I acknowledge that nothing in this agreement excludes or limits any liability that cannot legally be excluded or limited under the laws of Québec.

If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect to the extent permitted by law.

I confirm that I have read and understood this Assumption of Risk and Participant Acknowledgement and voluntarily agree to its terms.

Signature _____ Date: ____/____/____

PRIVACY POLICY

1. THIS POLICY DESCRIBES HOW **CENTRE 55+ CHATEAUGUAY** COLLECTS AND USES YOUR PERSONAL INFORMATION.
2. we only collect the information you voluntarily provide to us, such as:

CONTACT INFORMATION:

Your name, address, email address, date of birth as well as an emergency contact name & number

HOW WE USE YOUR INFORMATION

WE USE THE INFORMATION WE COLLECT TO:

.Provide, maintain and improve our services.

.Communicate with, respond to your inquiries, and send updates.

.Process transactions and manage your account

SHARING YOUR INFORMATION

We do not sell, trade or rent your personal information to others. We implement reasonable security measures to protect your personal information against unauthorized access, alteration or destruction.

By signing and completing your registration with the 55+ Centre Chateauguay, you agree to the occasional use of photos of events and activities for our website and the INFO LETTER.

CHANGES TO THIS POLICY

We may update this Privacy Policy from time to time. We will notify you of any changes by posting the new Privacy Policy on this page and updating the "EFFECTIVE DATE" above.

Signature _____ Date: ____/____/____

EFFECTIVE DATE 2026-07-17