

Membership Registration 2017-2018
Please complete one form per person



Meyers Sports Club
Box 1784, 705-653-4433
Campbellford, On. K0L 1L0

Name: _____

Mailing Address: _____

Home Phone: _____ Work: _____ Email: _____

PAYMENT OPTIONS

Family Membership Plan- First 2 family members pay full price- 2 parents/Guardians (Adults) or 1 Parent/Guardian (Adult), and one child. Then remaining children (must qualify as Student members) pay half price to maximum fee \$869.92, plus HST, lockers and key card.

Annual Membership Fees 2017 – 2018 ONE-TIME PAYMENT

Adult Membership	fee \$352.48 + \$45.82 HST = \$398.30	\$ _____
Student Membership*	fee \$164.95 + \$21.45 HST = \$186.40	\$ _____
Youth Curling Membership* Sunday Only, Ages 8 to 16	fee \$ 60.00 + \$ 7.80 HST = \$ 67.80	\$ _____
Annual Locker Rental (#)	fee \$ 25.00 + \$ 3.25 HST = \$ 28.25	\$ _____
New/Replacement Key Card# _____	fee \$ 10.00 + \$ 1.30 HST = \$ 11.30	\$ _____
*Junior and Student ID required/Full time/including post-secondary	Total	\$ _____

ALL MEMBERS

Authorization to publish telephone #/email address for directory or email for newsletter YES _____ NO _____

OR

Annual membership – PAID MONTHLY – 12 MONTH MINIMUM AGREEMENT, VOID CHEQUE AND PRE-APPROVE PAYMENT FORM IS REQUIRED, CANCELLATION IN WRITING 10 DAYS PRIOR TO NEXT PAYMENT.

Adult Membership	fee \$38.00/month (finance fee/HST included)	\$ _____
Student Membership	fee \$18.00/month (finance fee/HST included)	\$ _____
To be paid at time of Registration:		
Annual Locker Rental (#)	fee \$25.00 + \$3.25 HST = \$28.25	\$ _____
New/Replacement Key Card # _____	fee \$10.00 + \$1.30 HST = \$11.30	\$ _____

PLEASE MAKE CHEQUES PAYABLE TO: MEYERS SPORTS CLUB Activity Interest: Curling ___ Racquet ___ Fitness ___

I hereby apply for membership in the Meyers Sports Club. I/We agree to comply with all rules and regulations of membership as set out and described in "Membership Rules & Regulations" and that I have read and understand the document. For your reference, a copy of said Membership Rules & Regulations is posted on the notice board in the Bennett Lounge. NSF FEE: _____

Date: _____ Member's Signature: _____

Received by (print name): _____ Date: _____ Receipt No: _____

Memberships must be paid in full within 30 days of enrolling as a member unless doing the monthly payment plan.

Acknowledgement of Risk and Release of Liability: I am aware that participating in activities and sports offered by or associated with Campbellford and District Curling and Racquet Club, including indoor sports and activities such as Squash, Curling, Weight lifting, Fitness classes and Cardiovascular training for length of my membership, exposes me to many inherent risks, dangers and hazards. By engaging in any activities offered by, or associated with Campbellford and District Curling and Racquet Club I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from. I am aware that there are inherent and significant dangers, hazards and risks associated with the participation in the above mentioned activities. I am aware that risks include, but are not limited to, injury from physical contact with other members, performing a skill incorrectly, or potentially dangerous obstacles, conditions or equipment on the ice, vicinity, or floor of the facility. I understand that the risks are relative to my state of fitness or health (physical, mental or emotional), and the awareness, care and skill with which I conduct myself while participating in the above mentioned activities.

I acknowledge my obligation to inform the nearest employee of the Organization if I feel pain, discomfort, fatigue, or any other symptoms I might suffer during or immediately after my participation in the above mentioned activities. I understand that I may stop participating at any time, and have the right to immediately withdraw from any activity in which the conduct of any participant seems beyond the scope of the activity, makes me uncomfortable, or which I believe will be harmful to me.

RELEASE OF LIABILITY WAIVER OF CLAIMS & INDEMNITY AGREEMENT: TO WAIVE ANY AND ALL CLAIMS that I have or may, in the future have against Campbellford and District Curling and Racquet Club, and its directors, employees, agents and representatives, TO RELEASE Campbellford and District Curling and Racquet Club, and its directors, officers, employees, agents and representatives from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer, as a result of my participation in activities and sports offered by Campbellford and District Curling and Racquet Club, due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE, AND/OR BREACH OF THE OCCUPIER'S LIABILITY ACT, R S O 1990, C.O 2 ON THE PART OF N. CAMPBELLFORD AND DISTRICT CURLING AND RACQUET CLUB, and its directors, officers, employees, agents and representatives.

I ACCEPT THE ABOVE: Yes _____ (initial)

TO HOLD HARMLESS AND INDEMNIFY Campbellford and District Curling and Racquet Club, and its directors, officers, employees, agents and representatives from any and all liability for any property damage or personal injury to any third party, resulting from my activities and my participation in the activities offered by or associated with Campbellford and District Curling and Racquet Club. I further state that I am 18 years of age or older and in proper physical condition to participate in this event/activity and am aware that participation could, in some circumstances, result in physical injury. That this Agreement shall be effecting and binding upon any heirs, next of kin, executors, administrators and assigns in the event of my death.

I have read and understood this Agreement prior to signing it and have agreed to the terms freely and voluntarily. I am waiving certain legal rights which I or any heirs, next of kin, executors, administrators and assigns may have against Campbellford and District Curling and Racquet Club, and its directors, officers, employees, agents and representatives.

Privacy Policy

The personal information obtained by the Campbellford District Curling and Racquet Club and Meyers Sports Club for the purpose of memberships is the property of said establishments and will not be sold or distributed to any other individual or company.

Please print clearly:

Name: _____ Address: _____

Phone: _____ Date: _____

Signature: _____ CDCRC Witness Signature _____

“Any member that has more than 2 NSF payments will be contacted to pay the money in cash. If that member does not pay owing payment within 20 days, the membership is CANCELLED, KEY CARD CUT OFF. If that member wants to sign back up as a new member at any time, he/she must pay the owing money to the club and must pay cash for their new membership for the year. PAD will not be eligible for these members until they are a member in good standing again. (1 Year)”