



OLDE FORGE
COMMUNITY RESOURCE CENTRE

SENIORS' RECREATION PROGRAM - REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____
(Street Number, Street Name and City Postal Code)

Date of Birth (d/m/y): ____/____/____ Gender: ☐ F ☐ M ☐ T

Home Phone: _____ Cell phone: _____

e-mail: _____

I AM REGISTERING FOR PROGRAMS: ☐ in person ☐ virtually/online ☐ both

Do you have internet access at home? ☐ Yes ☐ No

Do you have a computer/tablet/laptop at home? ☐ Yes ☐ No

Do you need to borrow a tablet? ☐ Yes ☐ No

What types of programs are of interest to you?

- ☐ Fitness classes, what type _____
- ☐ Social group
- ☐ Guest speakers
- ☐ Art/Crafts
- ☐ Group outings

MEDICAL INFORMATION:

List any illness/ Physical concerns that may impact your wellbeing at programming:

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Daytime phone #: _____

COMMUNITY SUPPORT:

Are you accessing any Community Support Services at the moment? ☐ Yes ☐ No

If not, would you like some information on support services? ☐ Yes ☐ No ☐ not at this time

What type of help do you need? _____

WAIVER AND RELEASE OF LIABILITY

I _____, have enrolled in The Seniors' Recreation Program offered through The Olde Forge Community Resource Centre. I recognize that the Program may involve physical activity including but not limited to, muscle strength and endurance training, cardiovascular conditioning and training and various other fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any disability or condition which would prevent or limit my participation in the Program. I acknowledge that my enrollment and subsequent participation is purely voluntary and is no way mandated by The Olde Forge Community Resource Centre.

In my participation in the Recreation Program, I, _____, acknowledge that I fully understand that I may injure myself or have adverse reactions as a result of my enrollment and subsequent participation in the Program. I hereby release Olde Forge Community Resource Centre, its employees, subcontractors, volunteers and agents from all liability now or in the future against any claims, demands, and causes of action that I may have or may acquire in the future as a result of my voluntary participation and enrollment in the Program.

I knowingly and freely assume all such risks, both known and unknown, from the Olde Forge Community Resource Centre or others, and assume full responsibility for my participation.

It is my express intent that the Seniors' Recreation Waiver & Release Form shall bind me and my heirs, assigns, personal representatives and members of my family.

This agreement shall be construed in accordance with the laws of the Province of Ontario.

CONTENT RELEASE FORM

I _____ authorise the Olde Forge Community Resource Centre permission to take/use my photo/image/video for the Olde Forge media sites such as: (check applicable)

☐ Website ☐ Facebook ☐ Newsletters ☐ Promotional Material

I _____ authorise the Olde Forge Community Resource Centre to use my testimonials on their website, Facebook page and other on other media.

☐ **Please check this box if you wish to remain anonymous for testimonials.**

I _____ acknowledge that by releasing my photo/video/testimonial, they could potentially be shared by other people/organizations outside of the Olde Forges control. I also understand that my name will not be used in these media formats unless I have given verbal/written consent to the Olde Forge. Therefore, I _____ permit the Olde Forge Community Resource Centre legal consent to take or use my photo/image/video for the purposes checked above.

Name: _____

X _____

Please Sign Here

_____ Date

We have a subsidy program if you require financial assistance. Inquire with the Recreation Manager 613-829-9777 ext 228

ALL INFORMATION IS KEPT CONFIDENTIAL