



2013 – 2014 Membership Form



Name: _____ DOB: _____

Address: _____

Home PH: _____ Mob PH: _____

Email: _____

Main Activities:

- | | |
|--|--|
| <input type="checkbox"/> Monday Venturers | <input type="checkbox"/> Quilling |
| <input type="checkbox"/> Wednesday Venturers | <input type="checkbox"/> Spanish Group |
| <input type="checkbox"/> 'Goldies' Thursday | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Feel Good Friday – Exercises to Music | <input type="checkbox"/> Aqua Aerobics |
| <input type="checkbox"/> Feel Good Friday – Activities | <input type="checkbox"/> Broadband for Seniors |
| <input type="checkbox"/> Management Committee | <input type="checkbox"/> Gentle Yoga |
| <input type="checkbox"/> | <input type="checkbox"/> Valley Day Club |
| <input type="checkbox"/> | <input type="checkbox"/> |

Emergency Contact details:

I hereby waive the Metropolitan Senior Citizens' Centre, its staff, volunteers and Committee Members from any liability of injury that may result from using exercise equipment or participating in activities within the centre and on all outings.

I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in activities, outings and using exercise equipment.

I acknowledge that I understand the waiver described in this document. This waiver is made to the maximum extent possible under law. I acknowledge that I have signed this document under my own free will.

Signed: _____ Date: _____

Office use only:

Membership fee paid Date: _____ Date card issued: _____