

THORNVIEW SENIORS COMMUNITY ASSOCIATION

5600 Centre Street North

Calgary, Alberta T2K 0T3

MEMBERSHIP REGISTRATION FORM - ALL ACTIVITIES: 2024-2025

NEW MEMBER _____ RENEWAL _____

(PLEASE PRINT, RENEWAL MEMBERS PRINT ONLY CHANGES TO YOUR PREVIOUS YEAR'S APPLICATION INFO)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ POSTAL: _____

PHONE # (H): _____ (C): _____ EMAIL: _____

In Case of Emergency, Please Call: _____ Phone: _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS:

Board of Directors: _____ Run Activities: _____

THE ACTIVITIES THAT INTEREST ME ARE:

BOCCE: _____	Bowling: _____	Bridge: _____	Canasta: _____
Ceramics: _____	Crafts: _____	Cribbage: _____	Dancing: _____
Euchre: _____	Floor Shuffleboard: _____	Karaoke: _____	Knitting: _____
Mahjong: _____	Pool/Snooker: _____	Taiji: _____	Whist: _____

ACKNOWLEDGEMENT OF RISK, ACCEPTANCE OF RESPONSIBILITY, AND WAIVER OF LIABILITY:

While participating events and activities in the Thornview Seniors Community Association, whether indoor or outdoor, I EXPRESSLY WAIVE ALL LEGAL LIABILITIES AGAINST THORNVIEW SENIORS COMMUNITY ASSOCIATION, OR AGAINST ANY OTHER MEMBERS IN THE GROUP FOR ANY SUFFERING OR LOSS RELATED TO LIABILITIES WHICH MIGHT ARISE ON ACCOUNT OF INJURIES AND/OR PROPERTY DAMAGE OF ANY KIND I MIGHT SUSTAIN, WHATSOEVER AND HOWSOEVER CAUSED. I FURTHER RECOGNIZE THAT, SHOULD I INVITE A GUEST AS A PARTICIPANT IN THE THORNVIEW SENIORS COMMUNITY ASSOCIATION IT IS MY RESPONSIBILITY THAT MY GUEST IS ADEQUATELY INFORMED OF AND UNDERSTOOD OF THE RISK, RESPONSIBILITY AND WAIVER OF LIABILITY OF THE THORNVIEW SENIORS COMMUNITY ASSOCIATION.

Applicant's signature: _____ Date: _____

Membership annual fee: \$30.00 **Cash** _____ **Check** _____ **Received by:** _____

(Additional fees may be required for individual activity participation, please consult with activity coordinator.)