

**THORNVIEW SENIORS COMMUNITY ASSOCIATION**

**5600 Centre Street North**

**Calgary, Alberta T2K 0T3**

**MEMBERSHIP REGISTRATION FORM - ALL ACTIVITIES: 2023-2024**

**NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_**

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

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ 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: _____ | Mahjong: _____        | Pool/Snooker: _____ |
| Taiji: _____    | Whist: _____              | Whist Military: _____ |                     |

***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.)