



KING SENIOR (55+) MEMBERSHIP FORM

MEMBERSHIP FORM (PLEASE FILL OUT ONE FORM PER PERSON)

First Name: _____ Last Name: _____

Address: _____ P.O Box #: _____

Date of Birth: _____ City: _____ Postal Code: _____

Primary Number: _____ Secondary Number: _____

Email Address: _____

Emergency Contact: _____ Emergency Number: _____

I would like to receive the King Seniors Newsletter by Email:

Yes ☐

No ☐

TERMS AND CONDITIONS

This waiver must be signed in order for this registration application to be processed:

COLLECTION OF PERSONAL INFORMATION - I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25. On behalf of myself and all participants listed above, I give permission to The Community Services Department or its representatives and volunteers to administer the Township's Community Services Department programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required).

MEDICAL AUTHORIZATION - On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and /or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS - I recognize that participation in the program/activity for which I have registered may include a risk to health or a risk of injury. I, on behalf of myself and the participant(s), hereby willingly assume such health risk or risk of injury, and assume full responsibility before, during and after my/their participation in the program/activity. I hereby release, discharge, indemnify and hold harmless the Township of King, and its elected officials, officers, employees, agents, representatives, volunteers and other participants (The "Township Indemnities") from all liability, claims, demands, losses, damages, costs, actions and other proceedings whatsoever, in respect of death, injury, loss or damage to myself or the Participants, or my/their property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the Township Indemnities, resulting from or connected with participation in any program/activity contemplated by this Registration. I hereby further agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township, its staff, volunteers and other participants. By registering in a program, I agree to medical attention and accept inherent risks associated with the program. My signature also indicates consent for bus trips, off site trips and use of photographs taken by the media. I have had the opportunity to review the terms of this waiver with legal counsel and have had the opportunity to ask Township staff for clarification of any terms I do not understand.

Signature: _____

Date: _____

The information collected on this form is kept confidential to King Township staff and members of the King City Seniors Centre Community Board. It is used for the purpose of membership collection at the King City Seniors Centre only

PROGRAM LOCATIONS

Program Locations	Address	Phone Number
King City Seniors Centre	1970 King Rd, King City, ON L7B 1K9	(905) 833 - 6565
Nobleton Arena	15 Old King Road, Nobleton, L0G 1N0	(905) 833 - 5321
Schomberg Community Hall	325 Main St, Schomberg, L0G 1T0	(905) 833 - 5321
Trisan Centre	25 Dillane Dr, Schomberg, L0G 1T0	(905) 939 – 1216
Program schedules and details will be communicated through the King Seniors Newsletter (weekly – every Sunday), bulletin boards at King recreation centre's, newspaper, seniors 55+ page on www.king.ca and on the Community Services social media pages (Facebook, Instagram and Twitter)		

MEMBERSHIP FEES (2023)

Fee Schedule	Residents	Non-Residents
Single Membership	\$15.00	\$20.00
Two Members, same address	\$20.00	\$30.00

*Programs fee - \$1/program

** Specialty programs come at an additional cost**

Honorary membership – For individuals who are 90+ years of age - there is no charge for membership, however, a new membership form must be completed annually to confirm current address and emergency contact person.

*Payments by cheque must be made out to: **The Township of King**

SUBMITTING YOUR MEMBERSHIP

- By Mail: Attn: Membership Convenor,
King City Seniors Centre,
1970 King Road King City ON
L7B 1K9
- In Person Drop off (during regular operating hours):
 1. King City Seniors Centre - 1970 King Rd, King City, ON L7B 1K9
 2. Trisan Centre - 25 Dillane Dr, Schomberg, ON L0G 1T0

Please ensure to include payment with completed form at time of submission. Membership forms will not be processed without a cheque or cash payment.

OFFICE USE ONLY

Received By: _____

Date Received: _____

Payment Type: Cash ☐ Cheque ☐