

Parksville Seniors Activity & Drop In Centre  
MEMBERSHIP APPLICATION FORM

Today's Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_

Would you like to be on our email list? Yes \_\_\_\_ No \_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Are you a new member? \_\_\_\_\_

Would you be willing to volunteer? \_\_\_\_\_

What activities are you interested in? \_\_\_\_\_

**OFFICE USE ONLY**

2021 \_\_\_\_\_

2022 \_\_\_\_\_

2023 \_\_\_\_\_

2024 \_\_\_\_\_

2025 \_\_\_\_\_

**WAIVER**

I understand that participating in a sports activity could result in injury. I understand it is up to me to decide whether to participate in any Parksville Seniors Activity and Drop In Centre (PSADIC) activity.

I understand that the parties responsible for managing and organizing PSADIC activities assume no responsibility for personal injury to me or loss of or damage to my personal property.

In consideration of participation in PSADIC, I hereby release and waive all liability for any claims that I have or may have in the future, for any loss, damage, injury, or expense that I may suffer as a result of my participation in or presence at any PSADIC activities.

I declare that I have read, understood, and agree to the contents of this WAIVER in its entirety and I accept it freely and voluntarily without any inducement.

\_\_\_ I have read and agree to accept the conditions of the PSADIC Liability Waiver.

Printed Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_