



# Central Lions Seniors Association

## Membership Application Form

Surname:		Please make cheques payable to <b>CENTRAL LIONS SENIORS ASSOCIATION</b>  and mail to <b>11113-113 Street          Edmonton,          Alberta          T5G 2V1</b>  <i>Sorry Cash and Cheque only.</i>
First Name:	Male ___ Female ___	
Address:		
City, Province:		
Postal Code:		
Phone Number:		
E-Mail:		
Date of Birth:	Day                      Month                      Year	
Would like to Volunteer:	Yes                      No	
Emergency Contact Name:		
Phone Number:		
Relationship:		

### Program Waiver

I \_\_\_\_\_ recognize that the activities of the club/program  
 (Please print name)

I will be participating in may have some inherent risks. I knowingly and voluntarily assume the risks of engaging in this activity. I acknowledge that it is my responsibility to be aware of the risks associated with the activity and to safeguard my person by ensuring:

1. That I am physically able/capable of the activity
2. That I exercise safety measures appropriate to the activity, and
3. That I do not participate beyond my capabilities.

I understand that Central Lions Seniors Association endeavors to provide the best possible leadership and instruction, and to provide a safe environment for the club/program I am joining. I acknowledge that the Association only organizes activities, and does not necessarily possess any special skill or knowledge in relation to the activity itself.

I hereby release Central Lions Seniors Association from any liability arising out of my participation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*This Waiver is effective for the duration of the participant's Membership with CLSA.*

PERSONAL INFORMATION AND PROTECTION ACT (2004)

The personal information collected from you is protected under the Personal Information and Protection Act of Alberta (2004). The information will be used to administer registrations and memberships, to provide information to members and may be used for satisfaction surveys. Data will also be used for program planning and evaluation. If you have any concerns about the collection of personal information they should be directed in writing to the Chairman, Central Lions Seniors Association, 11113 - 113 Street, Edmonton, T5G 2V1.

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#### OFFICE USE ONLY

Card Issue Date \_\_\_\_\_ Card # \_\_\_\_\_ Computer Entry Date \_\_\_\_\_  
 New \_\_\_\_\_ Renew \_\_\_\_\_ Associate \_\_\_\_\_ Life \_\_\_\_\_

***Add Life to Your Years!***