



Central Lions Seniors Association
Non-Membership Application

Surname:			
First Name:			Male ___ Female ___
Address:			
City, Province:			
Postal Code:			
Phone Number:			
E-Mail:			
Date of Birth:	Day	Month	Year

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.

OFFICE USE ONLY

Date Issue	Card #	Receipt #	Season	Expiry Date	Computer Entry

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.

Add Life to Your Years!