

SKI EXTREME CLUB

Membership Registration Form (2019/2020)

Name of signing member (PLEASE PRINT CLEARLY):		Member Number (to be assigned):
Address Street:		Home Phone Number:
City:	Province:	Office Phone Number:
Postal Code:	*User Name:	** Date of Birth:
Email Address:		Number of Member(s) Registering:
\$20.00 per adult (18 yr. and over), please provide phone numbers \$ 5.00 per child (5-17 yr. old), please provide date of birth Dryland exercise: (Y/N) ___ \$65.00 for members ___ \$70.00 for non-members		Fee of first person: \$.00 Total amount: \$.00

*User Name: for the online system

**Date of Birth: for admin purposes only

LIABILITY RELEASE

The organizers of the Ski Extreme Club shall in no circumstances be under any liability to any participants for any activities organized by the Ski Club for any claims, loss, damages, liabilities, costs and expenses arising or resulting directly or indirectly from any act or neglect on the part of the organizers of the Ski Extreme Club activities.

I agree to assume all risks in participating in the activities organized by the Ski Extreme Club. I agree to indemnify, defend and hold harmless the organizers of the Ski Extreme Club against any and all claims, loss, damages, liabilities or cost and expenses of my guests and invites, arising or resulting directly or indirectly from any act or neglect on the part of the organizers of the Ski Extreme Club. I acknowledge having read the liability release and that I am of full age and my acceptance of the above disclaimer clause by my signature.

Signature (signing member) Date

A parent or guardian must sign for a child under 18.

Total amount paid by cash _____ or cheque _____, payable to SKI EXTREME CLUB
Mail it to: SKI EXTREME CLUB, 1559 Alta Vista Drive, P.O. Box 59008, Ottawa, Ontario K1G 5T7

If you register by mail, PLEASE include a stamped, self-addressed envelope for you to receive your membership card.

Please complete page 2 if you are registering more than one member that resides at the same address ...

You can register additional family member(s) living at the above address by listing them below

2	Name of additional member (<i>PLEASE PRINT CLEARLY</i>)	Member Number (<i>to be assigned</i>):	
	*User Name:	Office Phone Number:	
	Email Address:	**Date of Birth:	Fee of 2 nd person: \$.00

3	Name of additional member (<i>PLEASE PRINT CLEARLY</i>)	Member Number (<i>to be assigned</i>):	
	*User Name:	Office Phone Number:	
	Email Address:	**Date of Birth:	Fee of 3 rd person: \$.00

4	Name of additional member (<i>PLEASE PRINT CLEARLY</i>)	Member Number (<i>to be assigned</i>):	
	*User Name:	Office Phone Number:	
	Email Address:	**Date of Birth:	Fee of 4 th person: \$.00

5	Name of additional member (<i>PLEASE PRINT CLEARLY</i>)	Member Number (<i>to be assigned</i>):	
	*User Name:	Office Phone Number:	
	Email Address:	**Date of Birth:	Fee of 5 th person: \$.00

6	Name of additional member (<i>PLEASE PRINT CLEARLY</i>)	Member Number (<i>to be assigned</i>):	
	*User Name:	Office Phone Number:	
	Email Address:	**Date of Birth:	Fee of 6 th person: \$.00

Signature (for other parent or adult over 18):	Date:	
Signature (if necessary, for parent, guardian, or adult over 18):	Date:	Total Fee: \$.00