



Horton Street 50+ Centre
 184 Horton St.
 London, ON N6B 1K8
 Tel: (519) 434-9114 Fax: (519) 434-7306
 www.bgclondon.ca

FOR OFFICE USE ONLY	
Membership #:	_____
Expiry Date:	_____
Reg. Pass: _____	Activity Pass: _____
Activity Attending: _____	

HS 50+ CENTRE MEMBERSHIP APPLICATION
(Members must be 50 years or older)

First Name: _____ Last Name: _____

Address: _____
Street Number and Name City Postal Code

Date of Birth: _____ / _____ / _____ Sex: Male Female Gender X
Day Month Year

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Will you be using our Transit? Yes No Licence Plate #: _____

Health Card #: _____

Doctor's Name: _____ Doctor's Phone #: _____

List any Medications you are taking: _____

List any Illness / Physical Concerns: _____

EMERGENCY CONTACT: _____
Name Relation

Daytime Phone #: _____ Phone Type: Cell Home Work

Do you consent to the HS 50+ Centre / Boys & Girls Club using your name / photo for public purposes? Yes No

Who referred you to our Centre? _____

MEMBERSHIPS ARE VALID FOR ONE YEAR FROM THE TIME OF PURCHASE. YOUR MEMBERSHIP FEE IS BASED ON YOUR GROSS ANNUAL **HOUSEHOLD** INCOME; BELOW IS THE CRITERIA BASED ON YOUR GROSS HOUSEHOLD INCOME AND THE APPLICABLE MEMBERSHIP FEE. WE DO NOT OFFER DISCOUNTS FOR FAMILY MEMBERS ON MEMBERSHIP FEES.

(PLEASE NOTE THAT ALL OF YOUR INFORMATION IS KEPT CONFIDENTIAL)

REFUND POLICY

Members can request a refund two (2) weeks after purchase. The refund will be prorated as 11 months of their membership minus a \$15.00 administration fee.

Please initial here _____ to indicate that you have read and understood our Refund Policy.

Please select your Annual Household Income	LESS THAN \$40,000*	\$115.00
	LESS THAN \$50,000	\$150.00
	LESS THAN \$60,000	\$200.00
	OVER \$60,000	\$250.00

***Proof of income is required to be shown in-person for the lowest rate.**

Please note that any subsidized membership rates may require proof of income. We appreciate your cooperation in providing this information to ensure that our programs remain accessible to all members of the community.

Please Date & Sign: _____ / _____ / _____
Day Month Year

Please Sign Here

FOR OFFICE USE ONLY

Amt. Paid: \$ _____ Paid By: Cash Cheque Debit Visa / MC

Receipt No.: _____ Date: _____ Received By: _____

Horton Street 50+ Centre **Member Code of Conduct**

The Horton Street 50+ Centre adheres to the Human Rights Code which states that "every person has a right to equal treatment with respect to services, goods, and facilities, without discrimination because of race, ancestry, place or origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability.

The following activities are NOT permitted in the facility or property of the Horton Street 50+ Centre / Boys & Girls Club of London.

1. Physically or verbally threatening or harassing any person, as defined in the Human Rights and Criminal Codes.
2. Defacing, damaging or destroying property in any area belonging to the Horton Street 50+ Centre/ Boys & Girls Club of London, its members, Visitors or Staff.
3. Possession or consumption of any illegal substance or alcohol, unless given allowance at an event
4. Fighting or annoying other through noisy or boisterous activities, or in any other way creating a disturbance which is disruptive or dangerous to others in the recreation or business activities of the center.
5. Physical contact with or gestures to another person in an angry, threatening, sexual, or inappropriate manner will not be tolerated.
6. Posting or distribution of non Horton Street 50+ Centre's flyers and notices without prior approval by the administration of the Centre.
7. Service animals are the only animals permitted in the facility, unless previous approval has been granted by the Administration of the Centre.

Members are expected to...

1. Treat all Members, Visitors and Staff of the Centre with dignity and respect at all times.
2. Follow and respect all policies and procedures of the Centre.
3. Scan their membership cards upon entrance to the building and wear their red wrist bands while visiting the center.
4. Members must present their membership card when signing up for any trip, special event or program and when purchasing a parking pass or renewing their membership.
5. Members who use the parking lots are expected to purchase a parking pass and display their valid pass on their dashboard. It is not permissible to take out a membership and purchase a parking pass with the sole intention to utilize the parking facilities, but have business off site.
6. Notify the staff of any serious matters and not take matters into own hands.
7. Notify the center of any changes to personal information to ensure accurate and up to date records are kept.
8. Respect and honour the privacy, individuality and rights of other members.

NOTE: Violations of the code and expectations as stated above may/will result in removal from the Horton Street 50+ Centre and suspension or revocation of membership.

Signature

Date

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

Yes	No	
		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity?

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Name _____

Date _____

Signature _____

Witness _____

Signature of parent _____

or Guardian (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Vitality Plus Scale

This scale looks at how you are currently feeling. For each statement, circle a number from 1 to 5 that best describes you. For example, if you usually fall asleep quickly then you want to circle (5). Otherwise, circle a number from 1 to 4, depending on how much difficulty you usually have falling asleep.

Takes a long time to fall asleep	1	2	3	4	5	Fall asleep quickly
Sleep poorly	1	2	3	4	5	Sleep well
Tired or drowsy during the day	1	2	3	4	5	Feel rested
Rarely hungry	1	2	3	4	5	Excellent appetite
Often Constipated	1	2	3	4	5	Do not get constipated
Often have aches & pains	1	2	3	4	5	Have no aches & pains
Low energy level	1	2	3	4	5	Full of pep & energy
Often stiff in the morning	1	2	3	4	5	Not stiff in the morning
Often restless or agitated	1	2	3	4	5	Feel relaxed
Often do not feel good	1	2	3	4	5	Feel good

This form is 100% CONFIDENTIAL, it is removed from your membership application and given to the Seniors Program Manager. It is ONLY used for statistical purposes. We ask that you only sign the date and do not sign your name.

Date: _____

BOYS & GIRLS CLUB OF LONDON – Horton Street 50+ Centre

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.**

**BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

PLEASE READ CAREFULLY!

INITIAL

Name	Last	First	Phone
Address	Street		
	City	E-mail	Birth date / /
	Postal Code		
	Medical Condition which may impact my ability to take part in activities (see below)	List: None _____ (initial)	

The Horton Street 50+ Centre ("Centre") and programs of the Centre are operated by the **Boys & Girls Club of London** and the **Boys & Girls Club of London Foundation** (together the "BGCL").

TO: The **BGCL** and their directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the "**Releasees**").

COVID – 19 COVID-19 is a contagious disease ("**Covid**"). We care about you, your family, our employees and the public. We strive to obey the law and follow Covid guidelines and implement all risk mitigation measures. However there are significant health risks and high risk of transmission through physical or shared contact. COVID-19 is novel and, because it can be transmitted through physical or shared contact with another person, the risk of contraction from engaging in sport activities may be foreseeable.

ASSUMPTION OF RISKS

I am aware that the activities involving the **BGCL** programs at the Centre involve risks and dangers that may cause serious injury and even death, and loss or damage to personal property. These risks are inherent in the activities and cannot be eliminated without altering their character and value. The risks include, among others, the following: contracting Covid; moving about the BGCL premises; negligence on the part of myself and/or other participants; negligence of the BGCL and its staff, including the improper use of equipment; the breakage and failure of equipment and structures; over exertion, together with other risks which may be encountered and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

The **BGCL** programs are designed for use by participants of average strength, mobility and fitness who are in good health. Several medical conditions, including but not limited to obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or joint and muscular-skeletal problems may impair the safety and well being of participants as may other medical, physical, psychological or psychiatric problems. All such medical conditions may increase the risk of participating in the programs and cause the participant to be a danger to themselves or others. Participants with underlying medical, physical, psychological or psychiatric conditions must evaluate their condition and their ability before choosing to participate in the programs. All participants must inform BGCL in writing of any such medical, physical, psychological or psychiatric conditions before participating in any programs. The Releasees reserve the right to prevent any person, for medical or safety reasons, from participating in the programs at any time.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE CENTRE AND THE BGCL PROGRAMS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees permitting my use of the Centre and the BGCL programs and other facilities at the BGCL (hereinafter referred to as "the BGCL Facilities"), I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the **RELEASEES**, and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from either my use of or my presence at or on the BGCL Facilities **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT, RSO 1990, c.02 ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**

2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the BGCL facilities.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, _____

Signature of parent or Guardian if participant is under 18 years

Witness (BGCL Staff Member)

Signature of participant

Print participant's name clearly