

Scarborough Cross Country Ski Club
Membership Application and Renewal Form

PLEASE PRINT CLEARLY

NAME: _____
ADDRESS: _____
CITY: _____ PROV. _____ POSTAL CODE: _____
PHONE: (____) _____ E-MAIL: _____
SPOUSE/PARTNER: (only if included as a member) _____
CHILDREN < 18 YEARS OF AGE: _____

Membership Fees for the Club Year November 1 to October 31

New or Renewal Membership Fee	Adult <input type="checkbox"/> \$15	Family (parents & children < 18 yrs.) <input type="checkbox"/> \$20
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I am a Renewing Member ☐ or New Applicant ☐

Cheque Enclosed For \$ _____ Cheque # _____ Cheque Date: _____

Check activities you wish to participate in:			
Cross Country Skiing <input type="checkbox"/>	Canoeing <input type="checkbox"/>	Hiking <input type="checkbox"/>	Cycling <input type="checkbox"/>
I am interested in being a trip leader in:			
Canoeing <input type="checkbox"/>	Hiking <input type="checkbox"/>	Cycling <input type="checkbox"/>	

RELEASE FROM LIABILITY

Release: Membership will not be accepted unless signed

In making application to participate in activities of the Scarborough Cross Country Ski Club, I/we affirm to be in good health, capable of the required effort needed to participate in club activities and accept as my/our personal risk the hazards of such participation. I/we release the Scarborough Cross Country Ski Club, its executives, directors, instructors, trip organizers and trip leaders from any liability whatsoever for loss, damage or injury (including death) howsoever caused which may result from my/our participation in any activity organized by the club. I/we declare that the Release is binding upon my/our heirs, executors, administrators and assigns. I/we the undersigned have **read and understand** the Release and agree that participation in club activities is entirely at my/our own risk.

_____ Signature of first applicant	_____ Signature of witness (not family member)	_____ Date
_____ Signature of second applicant	_____ Printed name of witness	_____ Date

Indemnification: Must be signed by parent or guardian if participant is under 18

In making application to the Scarborough Cross Country Ski Club for my child/children I (print) _____
_____ parent or guardian of above named child/children agree to indemnify the Scarborough Cross Country Ski Club from all claims which might be made against the club out of or in consequence of participation in any and all club activities by the above child/children.

_____ Signature of Parent or Guardian	_____ Date
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How did you hear about the Scarborough Cross Country Ski Club?

Word-of-mouth ☐ Brochure ☐ Website ☐ Publication ☐ Other ☐ (please specify below) _____

In case of accident please notify:

Name: _____ Phone: (____) _____

Mail Membership Application and Cheque to:

**Scarborough Cross Country Ski Club
Box 97534, 364 Old Kingston Road
Toronto, ON M1C 4Z1**