

# Membership / User Application 2009-2010



Have you been a member of the Reh-Fit Centre before? Yes  No  If Yes – when? \_\_\_\_\_

How did you hear about the Centre? \_\_\_\_\_

**PLEASE PRINT**

Mr. / Mrs. / Ms. / Dr. (Please Circle)

Date \_\_\_\_\_

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date (M-D-Y) \_\_\_\_\_

Sex  M  F

Family Physician \_\_\_\_\_

Cardiologist / Specialist \_\_\_\_\_

Manitoba Health Registration No. (6 digits) \_\_\_\_\_

PHIN No. (9 digits) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_

or (W) \_\_\_\_\_

Will you require a support person while exercising?

Yes  No

**CATEGORY**

**GST # 10765 9765 RT 0001**

12-month Memberships: Individual  \$675 / Household Add-On  \$220 / Senior Select  \$516 / Student  \$495

3-month Trial User  \$320 Summer Facility User  \$75/month

Payment Options  Annual  Monthly (monthly payments not available for user categories)

Membership / User \$ \_\_\_\_\_

PAYMENT RECEIVED \$ \_\_\_\_\_

Enrollment Fee \$ \_\_\_\_\_

Cash  Cheque

Towel Service \$ \_\_\_\_\_

VISA  Master Card

FitLinxx \$ \_\_\_\_\_

Debit  Gift Card

Administration Fee \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**MONTHLY PAYMENT METHOD**

**Debit** 11 consecutive payments @ \_\_\_\_\_ per month. Void cheque attached.

I authorize the Reh-Fit Centre to withdraw \_\_\_\_\_ from my bank account starting on the 1st of \_\_\_\_\_  
Day Month Year

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card** 11 consecutive payments @ \_\_\_\_\_ per month.

I authorize the Reh-Fit Centre to charge \_\_\_\_\_ to my  VISA  Master Card starting on 1st of \_\_\_\_\_  
Day Month Year

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEMBER/USER WAIVER OF LIABILITY**

I wish to be a member/user of the Manitoba Cardiac Institute (Reh-Fit) Inc. (hereinafter referred to as the "Reh-Fit Centre") and to utilize the property, facilities, and services of the Reh-Fit Centre, and I knowingly and willingly assume the risks associated with doing so. I understand that a membership is for a twelve-month period from the enrollment date and that dues are not refundable or transferable.

As a condition of my membership/user pass in the Reh-Fit Centre and of utilizing the property, facilities, and services of the Reh-Fit Centre, and of my participation in the programs and activities of the Reh-Fit Centre, I hereby agree to release and to save harmless and indemnify the Reh-Fit Centre, its officers, directors, employees, and agents and their heirs, personal representatives, successors and assigns, from all liability for any loss, damage, cost or expense sustained by me of whatsoever nature and howsoever caused.

I also acknowledge that the Reh-Fit Centre is not responsible or liable for the loss, theft or damage of my personal property while on the Reh-Fit Centre land and premises, including, without limiting the generality of the foregoing, the loss, theft, or damage of any of my personal property in a motor vehicle in the Reh-Fit Centre parking lot, or in a locker on the Reh-Fit Centre premises. I hereby waive and forego any claim or potential claim against the Reh-Fit Centre relating to the loss or damage of my personal property while on the Reh-Fit Centre land and premises.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

**ACKNOWLEDGEMENT**

I acknowledge that unless I check the box below, the Reh-Fit Centre may provide my name, address and other contact information to the Manitoba Cardiac Institute (Reh-Fit) Foundation Inc., for the purposes of fundraising or other promotional activities on behalf of the Foundation.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

I direct the Reh-Fit Centre not to provide my name, address and other personal contact information to the Reh-Fit Foundation.

**REH-FIT CENTRE HANDBOOK**

I acknowledge receipt of the Reh-Fit Centre's Handbook. I agree to observe and comply with the terms and conditions of membership/user pass and the rules relating to facility usage as outlined in the Reh-Fit Centre Handbook or as they may be changed from time to time.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

|                        |                     |
|------------------------|---------------------|
| <b>OFFICE USE ONLY</b> |                     |
| Shoe Tag # _____       | Barcode ID: _____   |
| Today's Date: _____    | Processed By: _____ |