

THE OUTING CLUB OF EAST YORK APPLICATION FORM



PLEASE PRINT CLEARLY:

NAME: _____

ADDRESS: _____

CITY: _____ PROV. _____ POSTAL CODE: _____

PHONE: [_____] _____ E-Mail: _____

SPOUSE/PARTNER: (only if including as a member) _____

CHILDREN <18 YEARS OF AGE: _____

Membership Fees for Club Year: September 1 - August 31 (revised from Sept, 2009)

New or Renewal Membership Fee	Adult <input type="checkbox"/> \$30	Family (parents & children <18 yrs.) <input type="checkbox"/> \$50
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I AM: RENEWING MEMBER NEW APPLICANT Cheque enclosed for \$ _____

Cheque # _____

I wish to subscribe to the Updater (a weekly e-mail of changes from the club calendar) Cheque Date _____

I wish to receive the Calendar via: (must indicate) Electronic Format Hardcopy

Check activities you wish to participate in: Hiking <input type="checkbox"/> Cycling <input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Paddling <input type="checkbox"/> Urban Outings <input type="checkbox"/>	Check if you wish to receive instruction in: X-Country Skiing <input type="checkbox"/> Paddling <input type="checkbox"/>
I am interested in being a trip leader in: Hiking <input type="checkbox"/> Cycling <input type="checkbox"/> X-Country Skiing <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Paddling <input type="checkbox"/> Urban Outings <input type="checkbox"/>	

RELEASE FROM LIABILITY

I, the undersigned, wishing to participate in the activities of THE OUTING CLUB OF EAST YORK affirm to be in general good health, capable of the required effort, and hereby accept at my own personal risk any hazards that may occur.

I hereby release THE OUTING CLUB OF EAST YORK, its Directors, Officers, Servants, Agents and Trip Organizers from any liability whatsoever for loss, damages of injury (including death) howsoever caused, which may result from my participation in THE OUTING CLUB OF EAST YORK, and I declare that this release is binding upon myself, my heirs, executors, administrators and assigns.

I, the undersigned have read this RELEASE CLAUSE and agree that my participation in the activities of THE OUTING CLUB OF EAST YORK is entirely at my own risk. I agree to wear an approved helmet on all cycling outings.

Date Signature of Applicant

Signature of Spouse (if Family Membership) Signature of Parent/Guardian accepting liability for children under 18 years of age

In case of accident please notify:
Name: _____ Phone: () _____ Relationship: _____

How did you hear about The Outing Club of East York?
Word-of-mouth Brochure Website Publication Other (please specify below)

Mail cheque and completed application form to:
The Outing Club of East York, PO Box 65126 RPO Chester, Toronto ON, M4K 3Z2