



CENTRE MEMBERSHIP REGISTRATION FORM

Membership Number: _____

Date joined: _____

We recognize your right to confidentiality and pledge to protect your privacy. We only collect personal information about registered users when knowingly provided by them. This information will not be sold or transferred to third parties without your prior approval. However, we may use this information in the event of an emergency and/or to provide our funders with a summary (never individual) of the population we serve, in order to maintain current funding or apply for new funding.

PERSONAL INFORMATION

Name: Mr. Mrs. _____
 Ms. Miss _____ First Name Middle Initial Last Name

Address: _____
Number Street Name Apt. #

City: Toronto Thornhill Richmond Hill Other: _____ Postal Code: _____

Living Arrangements: Alone Residence With family Other: _____

Telephone #: Home () _____ Date of Birth: ____/____/____
Cell () _____ (Month /Day/Year)

Email: _____ Marital Status: Single Married
 Widowed Divorced

I give my consent to receive email newsletters about new programs and activities:
 Yes No

SOCIO-CULTURAL INFORMATION

Birthplace: Canada Other: _____

Languages Spoken: English Russian Hebrew Other(s): _____
(CHECK ALL THAT APPLY) (русский) (עברית)

MEDICAL PROFILE

Family Doctor: _____

Address: _____
Number Street Name Suite #

City: Toronto Thornhill Richmond Hill Other: _____ Postal Code: _____
Telephone #: () _____

Allergies: No Yes _____

Medical Conditions: _____
(please list only the conditions that we should know about) _____

Impairments and/or Physical Disabilities:

(CHECK ALL THAT APPLY) Hearing Impaired Visually Impaired Walker Wheelchair
 Cane Other: _____

EMERGENCY INFORMATION (PRIMARY CONTACT)

Name: Mr. Mrs. _____
 Ms. Miss Given Name Middle Initial Surname

Address: _____
Number Street Name Apt. #

City: Toronto Thornhill Postal Code: _____
 Richmond Hill Other: _____

Relation: Spouse Parent Child Telephone #: Home () _____
 Grandchild Other: _____ Cell () _____

EMERGENCY INFORMATION (SECONDARY CONTACT)

Name: Mr. Mrs. _____
 Ms. Miss Given Name Middle Initial Surname

Address: _____
Number Street Name Apt. #

City: Toronto Thornhill Postal Code: _____
 Richmond Hill Other: _____

Relation: Spouse Parent Child Telephone #: Home () _____
 Grandchild Other: _____ Cell () _____

TERMS AND CONDITIONS

1. Policies of the Bernard Betel Centre, which apply to members, are as follows:

- 1.1 Smoking is not permitted anywhere in the building, including washrooms and entrance/exit vestibules;
- 1.2 The Betel Centre is strictly a kosher facility supervised under Kashrut Council. Food from outside cannot be brought in and consumed in the Centre.
- 1.3 Harassment and discrimination are not permitted. All persons in the Betel Centre, regardless of race, ancestry, place of origin, citizenship, religion, creed, gender, sexual orientation, age, marital status, family status, or disability are to be treated with dignity and respect at all times;
- 1.4 Outbursts or displays of disruptive behaviour are not permitted;
- 1.5 In the event that the fire alarm is activated, all persons are to leave the building using the nearest exit;
- 1.6 Any suspicious-looking individuals noticed in the building are to be immediately reported to Betel Centre staff;
- 1.7 The Betel Centre is not responsible for any personal belongings lost or stolen on the premises.

I understand and will abide by these policies and I understand that failure to comply may result in the immediate cancellation of my membership.

2. I understand that if I participate in any fitness or dance class offered through the Betel Centre, whether onsite or another location, I should obtain my doctor's approval.
3. I willingly assume all risks and waive any and all claims that I have or may have in the future against the Bernard Betel Centre, its employees, contractors and volunteers (collectively known as "Betel Centre") and release the Betel Centre from any and all liability for any loss, theft, damage to property, costs, expense, injury, illness, or deterioration in health (including death) that I or my next of kin may suffer as a result of participation in any program, service or trip or the use of the facilities located at the Betel Centre or at an offsite Betel location.
4. I agree that photos may be taken of me while at the Betel Centre for internal and promotional purposes.
5. The Betel Centre reserves the right to cancel programs if the minimum requirements for registration are not met. Refunds will be issued in accordance with the Betel Centre's policy.

MEMBERSHIPS ARE NOT TRANSFERABLE, CANNOT BE SHARED OR REFUNDED

Signature: _____ Date: _____