



**Seniors' Recreation Program
Membership Application**

First Name: _____ Last Name: _____

Address: _____
Street Number and Name City Postal Code

Date of Birth (d/m/y): ____/____/____ Sex: F M T

Home Phone: _____ Cell phone: _____

e-mail: _____

Method of Transportation to Programs: OC Transpo Para Transpo Friend/ Family Drive

How did you hear about this program? _____

Medical Information

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

List any illness/ Physical concerns (including medication)

Emergency Contact: _____
Name Relation

Daytime #: _____ Phone type: Cell Home Business

** Does your emergency contact have keys to your home? yes no

Personal Interest:

What hobbies do you enjoy in your spare time?

We have a subsidy program. Inquire with Vanessa or Effie for details.

ALL INFORMATION IS KEPT CONFIDENTIAL

X _____
Please Sign Here

Date