



## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Cost of Memberships:

Gym Only: \$200

Squash individual: \$300

Squash Family: \$500

Payment (Cash or Cheque) may be placed in the drop box at the bottom of the stairs, or given to the front desk of the Osgoode Village Family Health Organization.

## Release

I agree to release Osgoode Athletic Club from any liabilities which may arise as a consequence of my participation or presence in any program or activities. I further agree not to pursue claims against the club for damages, loss or injury while participating in programs or activities of the Osgoode Athletic Club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_