



Membership Form

Name: _____

Address: _____

Phone Home: _____ Phone Cell: _____

Gmail: _____

Cost of Memberships:

Gym Only: \$300

Gym Family: \$500

Squash individual: \$350 (includes gym)

Squash Family: \$600 (includes gym)

Payment (Cash or Cheque made out to "Osgoode Athletic Club") 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. Gmail Address required for booking of the gym or squash courts.

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: _____