



# Membership / Donation Form

 New  
 Renewal

## Seniors Outreach Services

*Please Complete both sides of Form*

Date \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name Initial Last Name dd mm yyyy

Spouse/  
Partner \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name Initial Last Name dd mm yyyy

Address \_\_\_\_\_  
 Street, Box No, RR#  
 \_\_\_\_\_  
 City/Town Postal Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### Please Read:

- **A membership is required in order to participate in the Social and Fitness Programs offered by 55+ and to vote at the Annual General Meeting.**
- **Providing your email address grants permission for Seniors Outreach Services to send newsletters and information to the member. You may request removal from our mailings at any time.**

<input type="checkbox"/> Cheque payable to Seniors Outreach Services	1Year 2Year
	Single \$35 \$ 65
	Household \$65 \$120
<input type="checkbox"/>   	
<input type="checkbox"/> Cash	Membership: \$ _____
	Donation: \$ _____
	Total: \$ _____

**Donations are appreciated.** A charitable donation receipt for income tax purposes will be provided. **Charitable Registration #119013316RP001**

Seniors Outreach Services protects its members through our privacy policy.

L&A Seniors Outreach Services  
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 Napanee, ON K7R2Z5

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Fax:613-354-6770

info@lasos.ca

www.lasos.ca

# CONSENT AND INFORMATION FORM

**PLEASE PRINT**

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

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

Telephone: \_\_\_\_\_

1st Emergency contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship: \_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you affected by any of the following medical / health problems?

Diabetes:                      Yes\_\_              No\_\_              Osteoporosis:              Yes\_\_              No\_\_

Arthritis:                      Yes\_\_              No\_\_              Chest Pain:              Yes\_\_              No\_\_

Heart condition:              Yes\_\_              No\_\_              Dizziness              Yes\_\_              No\_\_

High blood pressure:              Yes\_\_              No\_\_              Joint Problems              Yes\_\_              No\_\_

Asthma                      Yes\_\_              No\_\_              Medications              Yes\_\_              No\_\_

Other: \_\_\_\_\_              If yes for Medication, for what? : \_\_\_\_\_

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**\*It is recommended that you discuss any exercise program with your Doctor before you begin. SOS volunteers, staff, and board are not liable for any damages or injury of any type while participating in any exercise program. If you agree, please sign below.**

"I have read, understood and completed this form. Any questions I had were answered to my full satisfaction."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**Note: This form is valid for a maximum of 12 months from the date it is completed. After 12 months the form is invalid.**

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness instructor. Ask whether you should change your physical activity plan.

"If the exercise hurts please use your judgment and refrain from the exercise. In the case of an emergency 911 will be called."