

FOR OFFICE USE ONLY

EXPIRY DATE _____

FEE: \$30.00 _____ RECEIPT NUMBER _____ MEMBERSHIP NUMBER _____

Community Membership Form

Welcome to the St. Clair O'Connor Community (SCOC) Life Enrichment Program. Your membership entitles you to the activities and community services listed in the SCOC Life Enrichment Centre Guide Book. In addition, you will receive our monthly activities calendar.

Full Year Membership

A full year membership is \$30.00 annually with renewal being one year from the membership start date. Please fill and submit this form to reception with cash or cheques payable to St. Clair O'Connor Community Inc.

Fees

Fees will be charged for some activities to offset costs. These activities are listed with the fees for each session. We strive to be affordable to everyone, however if the need arises, a subsidy is available. A confidential financial assessment must be conducted in these circumstances.

For more information, please contact Celina Sheppard at 416-757-8757 ext. 250.

Life Enrichment Centre Membership

Name: _____

M OR F

Street: _____ Apt No: _____

City: _____ Postal Code: _____

Telephone No: _____

Email: _____

Do you agree to have your name, address, and email address on our mailing list to provide _____ information about programs and services?

Yes No

Emergency Contact

Name: _____ Relationship: _____

Daytime Phone #: _____ Evening Phone #: _____

Age:

55-59 60-64 65-69 70-74 75-79 80-84 85 or better

Language(s) Spoken: _____

Mother Tongue: _____

If your mother tongue is neither English nor French, in which of the two official languages would you prefer to be spoken to if you require health care?

English French

Please bring proof of COVID vaccination when entering the building and for reception to make a copy for your file.

Date of most recent COVID vaccine: _____

Verification Statement

I _____ hereby certify that all

Please print full name

information on this application form is true and complete. I understand that incomplete applications will not be considered and that providing false information will result in disqualification from the application process or even immediate removal from membership.

Waiver

The following release agreement may be used for events organized and administered by St. Clair O'Connor Community.

In consideration of St. Clair O'Connor Community (SCOC) permitting me to participate in programs/services of St. Clair O'Connor Community I, for myself, my heirs, executors, administration, assigns release to SCOC and its respective servants, agents or employees for any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at, participating in or travelling to or from, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of SCOC its servants, agents or employees, without limiting the generality of the foregoing. I further release and waive any recourse, which I may now or hereafter have resulting from any division of SCOC.

Signature of Participant

Date

SCOC is committed to protecting the privacy of the personal health information of our residents, employees, volunteers, and other stakeholders. SCOC complies with the Personal Information Protection and Electronic Act (PIPEDA) as other organizations in Ontario. These organizations apply standards for the collection and use of personal/health information.

No reference is to be made to the identity of any resident, diagnosis, or treatment, either inside or outside of the facility.