

WELLNESS MEMBERSHIP

MISSION STATEMENT

"The YWCA Wellness Department promotes health by providing women and men opportunities to develop and maintain healthy lifestyles. YWCA wellness participants are an integral part of the YWCA community, creating growth in their own lives and supporting positive changes in the lives of others."



1940 McIntyre Street, Regina, SK S4P 2R3
Ph: 525-2141, Fax: 525-2171

www.ywcaregina.com
Email:wellness@ywcaregina.com

HOURS OF OPERATION: Open 6 a.m. to 9 p.m., 7 days per week

MONTHLY PAYMENT PLAN	Monthly Payment	GST	Total
<input type="checkbox"/> Adult	\$31.43	\$1.57	\$33.00
<input type="checkbox"/> Senior/Student	\$23.80	\$1.20	\$25.00
<input type="checkbox"/> Child Care Parent	\$23.80	\$1.20	\$25.00

SINGLE PAYMENT RATES	Single Payment	GST	Total
<input type="checkbox"/> Adult, 1 year	\$360.00	\$18.00	\$378.00
<input type="checkbox"/> Senior/Student, 1 year	\$270.00	\$13.50	\$283.50
<input type="checkbox"/> Child Care Parent, 1 year	\$270.00	\$13.50	\$283.50
<input type="checkbox"/> Adult, 1 month	\$45.00	\$2.25	\$47.25
<input type="checkbox"/> Senior/Student, 1 month	\$30.00	\$1.50	\$31.50
<input type="checkbox"/> Child Care Parent, 1 month	\$30.00	\$1.50	\$31.50
<input type="checkbox"/> Adult, 10-Punch Pass	\$85.68	\$2.70	\$89.96
<input type="checkbox"/> Senior/Student, 10-Punch Pass	\$40.50	\$2.02	\$42.52
<input type="checkbox"/> Other			
<input type="checkbox"/> Locker requested (Full, \$6/month; Half, \$4/month) <i>Subject to availability</i>			

PLEASE PRINT CLEARLY

PERSONAL INFORMATION			
FIRST NAME	LAST NAME	BIRTHDATE Day/Month/Year / /	GENDER (CIRCLE) Female Male
STREET ADDRESS		CITY	POSTAL CODE
HOME PHONE	BUSINESS PHONE	CELL PHONE	
HOME EMAIL		WORK EMAIL	

Please include me on your general YWCA Regina email distribution list for news and updates.

MY EMPLOYER	
MY POSITION	COMPANY NAME
COMPANY ADDRESS	

If there are 10 or more members from one company, employees are eligible for a corporate discount

EMERGENCY CONTACT INFORMATION		
NAME	RELATIONSHIP	PHONE NUMBER ()

Please complete other side

CONDITIONS OF MEMBERSHIP	INITIALS
All members are required to present a valid membership card for identification when using the YWCA facilities and/or participating in programs. If for any reason members are unable to present membership cards, they may be required to present photo identification. Membership cards are not transferable; remain the property of the YWCA; and must be returned to the YWCA upon request.	
I understand that I will be automatically transferred into a new membership category on my birthday if I am eligible, in which event dues may increase or decrease. In the event of any other qualifying event that changes the category of membership for which I am eligible, I agree to notify the YWCA on or before the first day of the month following the month in which such event occurs.	

LIABILITY WAIVER	INITIALS
I understand that the YWCA of Regina assumes no responsibility for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YWCA of Regina, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this membership, the use of any facility or participation in any Activities. In the event I, my spouse/partner or minor children bring a guest to any YWCA of Regina facility or Activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YWCA and to inform them that they assume all liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.	
I understand that the YWCA of Regina is not responsible for personal property lost or stolen while members and/or program participants are using YWCA facilities or are on YWCA premises.	
I give my permission to the YWCA to use indefinitely, without limitation or obligation, photographs, film, footage or tape recordings which may include my, my spouse's or minor children's image or voice for purposes of promotion or interpreting YWCA programs.	

SIGNATURE OF MEMBER _____
DATE

SIGNATURE OF PARENT/GUARDIAN (if member is under the age of 18) _____
DATE