17 Wing Detachment Dundurn
PSP Club & Hobby Program Membership Form

CFMWS SBMFC

PARTICIPANT INFORMATION

(1) First & Last Name:_____ SN / PRI #: _____
DOB (MM-DD-YY): _____ Medical #: _____ CF One #:_____

(2) First & Last Name:_____ SN / PRI #: _____
DOB (MM-DD-YY): _____ Medical #: _____ CF One #:_____

BILLING INFORMATION

First & Last Name:_____ DOB (MM-DD-YY): _____
Email:_____ Phone: _____
Mailing Address: _____

MEMBERSHIP CATEGORIES O NEW O RENEWAL

❑**Regular** Serving Regular & Reserve force personnel, Foreign Military on duty with CF, Veterans of CF, and immediate family
❑**Ordinary** Current DND, DRDC, NPF, and MFRC Staff, serving & retired RCMP, and immediate family; Res Class A for PDSC
❑**Associate** Any others, including the general public

❑**Individual Membership** ❑ **Family Membership: Total Family Members: _____**

❑**Auto Hobby** ❑ **Garden** ❑ **Wood Hobby** ❑ **Rod, Gun, Archery**

PAR-Q MEDICAL QUESTIONNAIRE

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor ❑Y ❑N
2. Do you feel pain in your chest when you do physical activity? ❑Y ❑N
3. In the past month, have you had chest pain when you were not doing physical activity? ❑Y ❑N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ❑Y ❑N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ❑Y ❑N
6. Is your doctor currently prescribing drugs (for example, water pills) for blood pressure or heart conditions? ❑Y ❑N
7. Do you know of any other reason why you should not do physical activity? ❑Y ❑N

If Yes, please provide a brief explanation:

EMERGENCY CONTACT INFORMATION

#1 Name & Relation: _____ #1 Phone:_____
#2 Name & Relation: _____ #1 Phone:_____

This form does not confirm your registration.
Confirmation will be provided when all club requirements have been met.
Registration forms can be sent to PSPDundurn@cfmws.com

17 Wing Detachment Dundurn
Club & Hobby Program Amenities

1) AUTO HOBBY

Monthly Memberships			Project Bay/s		
❑Jan	❑May	❑Sept	❑Jan	❑May	❑Sept
❑Feb	❑Jun	❑Oct	❑Feb	❑Jun	❑Oct
❑Mar	❑Jul	❑Nov	❑Mar	❑Jul	❑Nov
❑Apr	❑Aug	❑Dec	❑Apr	❑Aug	❑Dec

❑ Annual Fee $120 ❑ Monthly Fee $10 ❑ Project Bay $100 (not active)

2) WOOD HOBBY

Monthly Memberships**		
❑Jan	❑May	❑Sept
❑Feb	❑Jun	❑Oct
❑Mar	❑Jul	❑Nov
❑Apr	❑Aug	❑Dec

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❑ Annual Fee $120 ❑ **Monthly Fee $10

3) GARDEN

Outdoor Plot- Admin to assign			Indoor Greenhouse Plot-Admin to assign		
❑ 1	❑ 2	❑ 3	❑ 1	❑ 2	❑ 3
❑ 4	❑ 5	❑ 6	❑ 4	❑ 5	❑ 6
❑ 7	❑ 8	❑ 9	❑ 7	❑ 8	❑ 9
❑10	❑ 11	❑ 12	❑10	❑ 11	❑ 12

❑ Outdoor Plot $30 ❑ Indoor Plot $30 ❑ Combo $45 ❑ Deposit $50 ❑ $15 Garden Helper

4) ROD, GUN, ARCHERY CLUB

Rod and Archery basic membership:		Gun Club Membership (Military Sponsor Required)	
❑ CAF & Veterans	FREE	❑	FREE
❑ Ordinary	$70	❑	Additional $20 to Basic Membership
❑ Associate Single	$110	❑	Additional $20 to Basic Membership
❑ Associate Family	$140	❑	Additional $20 to Basic Membership

Memberships purchased after October will be prorated to either 50% or monthly whatever is cheaper

Club Activities: All club members are encouraged to participate in at least one club support activity
Please indicate which activity you prefer

❑ Archery Shoots ❑ Workshops ❑ Fundraisers ❑ Clean up day ❑ Club Exec RGA

ALL MEMBERSHIPS EXPIRE 31 MARCH AND ARE TO BE RENEWED EACH YEAR

FOR EXECUTIVE USE ONLY - members do not complete this section			
Paid By:			**Completed Forms**
❑ Cash/Cheque	❑ CF602 #		❑ Waivers & Indemnity Form
❑ Pay Deduction	❑ Given to Admin		❑ Training/Walkthrough completed
❑ BookKing	❑ Invoice #		❑ Working Alone Policy
			❑ Key Access List
TOTAL COST:			
PSP Staff Signature:			**Date:**

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17 Wing Detachment Dundurn
Recreation Membership Registration

Waiver of Liability, Assumption of Risks, and Indemnification Agreement
Assumption of Risks:

a. I acknowledge that my attendance at or participation in this physical activity or event: Use of the sports, recreation, and fitness facilities (such as gymnasium, track, sports field, parks, playground and garden) 17 Wing Detachment Dundurn carries with it certain inherent risks and dangers that cannot be eliminated regardless of the care taken to avoid injuries.

b. I acknowledge that the inherent risks associated with this activity/event include, but are not limited to: Being struck by an object or hit an object (equipment, participant, natural object, etc.), physical exertion up to heart attack, slip and fall, sunburn, dehydration, hyperthermia or hypothermia, drowning (if includes aquatic activities), broken bone, sprain, cut, burn and abrasion, head injury, encounter with domestic or wild animal, and, serious bodily injury such as permanent disability, paralysis or death. _____ (initials)

c. I have read the foregoing and I understand the physical demands this activity/event presents and the inherent risks associated thereto and affirm that to the best of my knowledge, my physical condition (or that of my minor participant) is adequate for me (or my minor participant) to participate safely. My participation (or that of my minor) in or attendance at this activity/event is voluntary and by signing below I knowingly and completely assume the foregoing risks._____ (initials)

Waiver of Liability:

In consideration of my participation in or attendance at this activity or event, I. on behalf of myself, personal representatives, heirs, spouse, children or assigns, do hereby waive, release and forever discharge His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this activity/event.

Indemnification and Hold Harmless:

I also hereby agree to indemnify and save harmless His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this activity/event.

Acknowledgment and Understanding:

I acknowledge having read this assumption of risks, waiver of liability and indemnity agreement, including the description of the inherent risks associated with the activity or event and understand that this Agreement is intended to be broad and all-inclusive so as to preclude any claims and that I have the legal capacity to sign, or if I am a minor, have discussed fully with my parent or guardian.

_____(initials) I acknowledge that I have read the Club/Program Bylaws and SOPs. I agree to abide by them.

Participant #1: Name	Signature:	Date:
Participant #2: Name	Signature:	Date:
Witness/PSP staff:	Signature:	

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17 Wing Detachment Dundurn
Community Recreation

AUTHORIZATION AND RELEASE
FORMULAIRE D'AUTHORISATION

I, _____

hereby grant and assign to the photographers, videographers and the Staff of the Non-Public Funds, Canadian Forces ("NPF"), the legal right and permission to copyright and/or publish and republish audio and visual images, portraits or pictures of me, in which I may be included in whole or in part, in color or black and white, through any media that NPF deems appropriate, including but not limited to written publications, posters, television, advertising, billboards, promotional or educational videos, websites/internet locations, etc., without compensation to myself.

I waive my right to inspect or approve the finished product, advertising copy, printed or electronic matter that may be used in conjunction with the photograph(s) or video(s), and release the photographers, videographers, NPF, and anyone acting under its authority from any liability whatsoever as a result of distortion, blurring, alteration or optical illusion that may occur in the taking of the picture or video image, or processing or reproduction of the finished product.

I warrant that I am of full age and competent to enter into this agreement in my own name, and that I have read this Authorization and Release, and I confirm that I understand and accept its terms. In alternative, I confirm that I am a minor and that the person(s) signing below on my behalf is/are my parent(s) or legal guardian(s).

NAME OF EVENT OR ACTIVITY	DATE OF EVENT OR ACTIVITY
PRINT NAME /	SIGNATURE (AND SN)
HOME ADDRESS	CELL #
SIGNATURE OF PARENT OR GUARDIAN (IF SUBJECT IS UNDER 18 YRS)	DATE
PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS

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