

**COMMUNITY CENTRE 55
PROGRAMS –REGISTRATION 2023/2024**

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ **PHONE #:** _____

E-MAIL: _____

☐ Check this box if you would like to receive information about Community Centre 55 programs and services by e-mail.

HEALTH CARD #: _____

DOCTOR'S NAME & PHONE #: _____

EMERGENCY CONTACT: _____

(NAME & PHONE #)

**COMMUNITY CENTRE 55
PROGRAMS**

WAIVER

In consideration of my being permitted to participate in Community Centre 55's Programs as a participant, I, myself, my heirs, my executors, my administrators, my successors and assigns do hereby remise, release and forever discharge, waive and save harmless, and agree to protect and indemnify the Corporation of the City of Toronto and all wholly owned or financially controlled organizations, firms, or corporations of which the name insured(s) has assumed or exercised management control on all now existing, which may hereafter exist or have existed, from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death or of any injury, loss or damage, to my person or property however caused, arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the Programs whether as a spectator, participant or otherwise and notwithstanding that the same may have been caused or contributed to by the negligence of any of the aforesaid, their servants, agents, officials or representatives.

Initial: _____

Personal information will be collected for or by Community Centre 55 and will be used in the administration of Community Centre 55 Membership.

Initial: _____

I acknowledge having read the waiver and indemnification and agree to each term.

Signature: _____

Date: _____

HEALTH INFORMATION

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes _____ No _____ If yes, please be specific: _____

Do you feel pain in your chest when you do physical activity?

Yes _____ No _____ If yes, please be specific: _____

Do you lose your balance because of dizziness or do you lose consciousness?

Yes _____ No _____ If yes, please describe any signs and/or symptoms: _____

Do you have a bone or joint problem (for example: back, knee, hip or shoulder(s))?

Yes _____ No _____ If yes, please describe: _____

Are you on medication?

Yes _____ No _____ If yes, type: _____

What is the medication for? _____

Do you have any physical issues?

Yes _____ No _____ If yes, please be specific: _____

Do you know of any reason why you should not do physical activity?

Yes _____ No _____ If yes, please explain what and why: _____

ALLERGIES

Do you have an allergy to any of the following, please circle:

peanuts	dogs	dust	chlorine	bees
trees	paba	mold	cats	grass
latex	milk			

If other, please be specific: _____

Program Registration – Spring 2024

CLASS	TIME	SESSION LENGTH	REGISTER	COST
MONDAYS				
Coffee Club	9:30-11:30 a.m.	10 Weeks	<input type="checkbox"/>	FREE
Motion with Weights	9:15-10:15 a.m.	10 Weeks	<input type="checkbox"/>	\$25
Chair Yoga (Intermediate)	10:15-11:15 a.m.	10 Weeks	<input type="checkbox"/>	\$25
Chair Yoga (Basic)	11:15-12:15 p.m.	10 Weeks	<input type="checkbox"/>	\$25
Knitting Group	11:30-1:15 p.m.	10 Weeks	<input type="checkbox"/>	FREE
Mat Pilates Essentials	12:30-1:15 p.m.	10 Weeks	<input type="checkbox"/>	\$25
Mat Pilates	1:15-2:00 p.m.	10 Weeks	<input type="checkbox"/>	\$25
Beginner Ukulele	1:30-2:30 p.m.	10 Weeks	<input type="checkbox"/>	\$100
Ukulele Jam	2:30-3:30 p.m.	10 Weeks	<input type="checkbox"/>	FREE
TUESDAYS				
Fitness (Stewart)	10:00-11:00 a.m.	12 Weeks	<input type="checkbox"/>	\$25
Games Club	11:00 – 12:30 p.m.	12 Weeks	<input type="checkbox"/>	FREE
Mindful Movement and Meditation	11:15-12:15 p.m.	12 Weeks	<input type="checkbox"/>	\$25
Tai Chi	2:15-3:15 p.m.	12 Weeks	<input type="checkbox"/>	\$25
Trivia	3:30-4:30 p.m.	12 Weeks	<input type="checkbox"/>	FREE
Book Club	1 st Tuesday 7:00 p.m.	Monthly	<input type="checkbox"/>	FREE
WEDNESDAYS				
Groove Fit	9:15-10:15 a.m.	12 Weeks	<input type="checkbox"/>	\$25
Art Workshop	11:00 – 12:30 p.m.	12 Weeks	<input type="checkbox"/>	FREE
Line Dancing	Phot11:15-12:15 p.m.	12 Weeks	<input type="checkbox"/>	\$25
Computer Café	11:00-12:00 p.m.	12 weeks	<input type="checkbox"/>	FREE
Photography	12:45 – 2:00 p.m.	12 Weeks	<input type="checkbox"/>	\$25
Intermediate Ukulele	1:30-2:30 p.m.	12 Weeks	<input type="checkbox"/>	\$100
THURSDAYS				
Walking Club	9:30 – 11:30 am	12 Weeks	<input type="checkbox"/>	FREE
Write Your Life Stories	10:00-11:30 a.m.	12 Weeks	<input type="checkbox"/>	\$25
Hatha Yoga	10:30-11:30 a.m.	12 Weeks	<input type="checkbox"/>	\$25
Chair Yoga (Basic)	11:30-12:30 p.m.	12 Weeks	<input type="checkbox"/>	\$25
French Conversation Group	1:30-3:15 p.m.	12 Weeks	<input type="checkbox"/>	FREE
Bingo (drop-in)	3 rd Thursday 2:00-3:00 p.m.	Monthly	<input type="checkbox"/>	\$5/wk
FRIDAYS				
Qigong	9:00-10:00 a.m.	12 Weeks	<input type="checkbox"/>	\$25
Fitness (Janice)	10:00-11:00 a.m.	12 Weeks	<input type="checkbox"/>	\$25
Art – Introduction to Watercolours	11:00-1:00 p.m.	9 Weeks	<input type="checkbox"/>	\$25

Informative Fridays Presentation Series	2:00 – 3:00 p.m.	Check Dates	<input type="checkbox"/>	FREE
Social>Outings/Lunches/Dinners/Workshops				

FOR OFFICE USE ONLY

Date	Amount Paid	Receipt #
	\$20 MEMBERSHIP FEE	

**CLASSES START APRIL 2, 2024
AND END JUNE 21, 2024**