

# Table Tennis Club Membership Application Form

## 乒乓球俱乐部会员申请表



加拿大中國專業人士協會

Application Forms are available at cpac-canada.ca or at CPAC office. Photocopies may also be used.  
您可以在 CPAC 网站 cpac-canada.ca 及办公室获得俱乐部会员申请表。此表复印件亦有效。

**Office use only** **TTC Membership#**

Date Received:	Date Processed:	Processed by:	
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### A. Applicant Information (\* Required)

* Legal Name:	* Chinese Name (if applicable):
* Are you CPAC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Membership#:	* Date of Birth:    YYYY   MM   DD * Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
* Photo ID Type <input type="checkbox"/> Ontario Driver's License <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Passport <input type="checkbox"/> Others, please specify _____	* Photo ID Number:
* Phone:	* Cell:
* Email:	

### B. Emergency Contacts (\* Required)

Name	Phone	Relationship
1.		
2.		

### C. Alert Information (\* Required)

Do you have a disability, medical condition or allergy you would like us to know about?     Yes     No  
If yes, please describe:

Carries EpiPen?    Carries Medications?    Taken for:    Dosage:  
 Yes     No     Yes     No

### D. Emergency Release (\* Required)

In case of an emergency: I \_\_\_\_\_ give, or \_\_\_\_\_ do not give CPAC, and its staff and volunteers the authority to call for medical attention for myself and/or person under my guardianship while participating in all and any CPAC Table Tennis Club activities.

#### Waiver & Consent

I, the undersigned have read and fully understand and agree to abide by the "CPAC Facility Code of Conduct" and the "CPAC Table Tennis Club Rules and Guidelines". I release CPAC, its employees and volunteers from all responsibilities for any accident or injury that may occur while I and/or person under my guardianship participate in any activities at CPAC facilities. I also do not hold CPAC, its employees and volunteers responsible for any accident or injury to myself and/or person under my guardianship while transporting to and from CPAC planned or related activities.

#### Photo/Video/Statement Consent and Release Agreement

By my signature on this form, I authorize CPAC and its agents and assigns (hereinafter CPAC), to use my and/or person under my guardianship's (as applicable) name, picture, voice, verbal statements, and/or portraits (video or still) while participating in CPAC planned activities for any promotional and/or educational print or electronic piece that furthers CPAC's public relations and/or educational efforts. This includes, but is not limited to, external news media outlets, printed materials, broadcast, web site, brochures, displays, newsletters, or other means of communicating with the public about programs and services in CPAC. I further understand that the pictures, recordings, articles, copy, or other means of communications may or may not personally identify me or person under my guardianship. I release to CPAC and consent to the use of my and/or person under my guardianship's (as applicable) name, picture, voice, verbal statements, or portraits (video or still). I WAIVE TO THE FULLEST EXTENT THAT I MAY LAWFULLY DO, ANY CAUSES OF ACTION IN LAW OR EQUITY THAT I MAY HAVE OR MAY HEREAFTER ACQUIRE AGAINST CPAC ARISING OUT OF OR IN CONNECTION WITH THE USE OF MY AND/OR PERSON UNDER MY GUARDIANSHIP'S (AS APPLICABLE) NAME, PICTURE, VOICE, VERBAL STATEMENTS, OR PORTRAITS (VIDEO OR STILL). I further affirm that I understand and agree that:

- No monetary consideration will be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon any heirs and/or future legal representatives;
- The photographs, video, and/or statements may be used in subsequent years; and
- This consent and release shall be governed by Ontario law.

Applicant Signature:	Guardian Signature:
Date:	