



## Member and Non-Member Registration Form

<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>Preferred Name</b>		<b>Email Address</b>	
<b>Birthdate</b> MM/DD/YYYY		<b>Birthday Recognition:</b> (SEESA members only) <ul style="list-style-type: none"> <li>• <b>Call on birthday</b>                    Y    N</li> <li>• <b>Party invite</b>                            Y    N</li> <li>• <b>Name in newsletter</b>                Y    N</li> </ul>	
<b>Mailing Address</b>		<b>City</b>	<b>Postal Code</b>
<b>Cell Phone</b>		<b>Landline Phone</b>	<b>Gender</b>
<b>Emergency Contact Name</b>			
<b>Emergency Contact Phone</b>		<b>Emergency Contact Relationship</b>	

### PRIVACY DISCLAIMER

Information collected on this form will be protected and used to facilitate contact for those involved in SEESA membership, programs, activities, and events only. This information is collected under Alberta's Personal Information Protection Act (PIPA) and Canada's Personal Information Protection and Electronic Documents Act. Some information may be shared with members, or contractors in compliance with the above Acts and for the purpose of SEESA membership, programs, activities, and events only. If you have questions or concerns regarding the collection and/or use of this information, please contact SEESA's Membership Coordinator via email at [membership@seesa.ca](mailto:membership@seesa.ca) or by telephone at 780.468.1985 extension 225.

<b>OFFICE USE ONLY</b>	FOB Number:		FDR Completed Form? Phone In-Person		Volunteer Form Given: Y N	
Membership Type:	Regular	Associate	Lifetime	Reciprocal (details below)		Non-Member
2026 Purchase Date:	MM/DD/YYYY	Receipt No.		FDR Initials:		
2027 Purchase Date:	MM/DD/YYYY	Receipt No.		FDR Initials:		
2028 Purchase Date:	MM/DD/YYYY	Receipt No.		FDR Initials:		
2026 Reciprocal	Facility:		Expiry Date: MM/DD/YYYY	Proof: Receipt Card Call		
2027 Reciprocal	Facility:		Expiry Date: MM/DD/YYYY	Proof: Receipt Card Call		
2028 Reciprocal	Facility:		Expiry Date: MM/DD/YYYY	Proof: Receipt Card Call		



**CONTACT CONSENT**

I hereby consent to SEESA including me in the <b>broadcast text</b> (cell phone) messages to notify of upcoming events, activity updates, volunteer opportunities, and donation opportunities.	<b>YES</b>	<b>NO</b>
I hereby consent to SEESA including me in the <b>broadcast phone calls</b> (cell or landline) to notify of upcoming events, activity updates, volunteer opportunities, and donation opportunities.	<b>YES</b>	<b>NO</b>
I hereby consent to SEESA sending me <b>electronic messages and notifications</b> (emails) to notify of upcoming events, activity updates, volunteer opportunities, and donation opportunities.	<b>YES</b>	<b>NO</b>
I hereby consent for SEESA to share my email and phone number with Club and Event Activity Liaisons, Class Instructors, Volunteers, or other SEESA members as part of the daily operation of SEESA programs and facility.	<b>YES</b>	<b>NO</b>
I am <b>NEW</b> to SEESA and I am interested in volunteering.	<b>YES</b>	<b>NO</b>
I wish to learn more about <b>donating</b> opportunities with SEESA.	<b>YES</b>	<b>NO</b>
I wish to learn more about <b>planned giving</b> opportunities with SEESA.	<b>YES</b>	<b>NO</b>

**WAIVER & RELEASE – READ CAREFULLY BEFORE SIGNING**

In consideration of engaging in activities at SEESA, I acknowledge there may be a risk of sustaining a personal injury during the activities. I acknowledge that I am participating at my own risk, I am physically able/capable of the activities, I exercise safety measures appropriate to the activities I engage in, I do not participate beyond my capabilities, and that I know of no medical or health reasons why I should not participate.
I understand that SEESA endeavors to provide the best possible leadership, instruction, and a safe environment for the activity I am joining. I acknowledge that SEESA only organizes activities, and does not possess any special skill or knowledge in relation to the activity itself and understand and agree that SEESA shall not be liable for any damage or injury as a result of my participation and that I will hold harmless SEESA, its officers, employees and agents from any and all liability, actions, cause of actions, claims and demands of every kind whatsoever which may arise in connection with my participation in this program.
SEESA is a charitable non-profit organization. The fees that are collected online or in-person are used to pay for the instructor, program, and activity expenses, and for the cost of space. I understand and accept that no refunds or credits will be given for membership, programs, presentations, clubs, tours, special events, or fitness room transactions unless cancelled by SEESA.
I understand that SEESA is not responsible for any personal property that I bring into the building and grounds.
I understand that I am responsible for my behaviours and will conduct myself in a respectful and responsible manner in all interactions with others while engaging in SEESA activities. I understand inappropriate, abusive, undesirable, dangerous, or criminal behaviour will not be tolerated and may result in being asked to leave, having facility privileges suspended or terminated, or being charged criminally. I agree to show respect and report any suspicious persons or activities to staff immediately.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (for 2026)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (for 2027)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (for 2028)**