

## REGISTRATION for MEMBERSHIP and SASA CLASSES

1. Requirement: Become a SASA member or renew membership  
Annual Membership fees - \$12.00 single; \$20.00 double (couple)  
Membership fees cover you until December 31<sup>st</sup> each year.
2. Please complete the form below and mail or drop it off to SASA office
3. Membership cards will only be provided upon request.

## REGISTRATION FOR SASA CLASSES:

1. Email your intention to join a class to : [swanseareaseniors@gmail.com](mailto:swanseareaseniors@gmail.com)
2. You will receive confirmation
3. Please arrive at least 15 mins before start of class. You will be required to sign a waiver indicating that you are willing to comply with all our safety protocols which follow provincial guidelines.
4. If you have RE-REGISTERED for the same class please ensure all EMERGENCY CONTACT and PERSONAL information is up to date.

## PAYMENT:

1. Cheques are payable to “SASA”, and dated no later than the start date of the session
2. Cash – We appreciate the CORRECT AMOUNT in an envelope with your name and class written on the envelope
3. E Transfer your fees to [treasurersasa474@gmail.com](mailto:treasurersasa474@gmail.com). It is set up for auto-deposit so there is no question to answer but please add details in the comment section (e.g. SASA membership & class name)

## How to Contact Us

1. EMAIL: (the best way) [swanseareaseniors@gmail.com](mailto:swanseareaseniors@gmail.com)
2. PHONE: (416) 392-1953 - Leave a message and someone will contact you. Please understand that we are run by volunteers and not in the office daily. We appreciate your patience.
3. DROP OFF: mail slot on SASA office door (ravine level)
4. MAIL: Our Address: Swansea Area Seniors Association (SASA)  
Swansea Town Hall, 95 Lavinia Ave, Toronto, Ontario, M6S 3H9

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**SWANSEA AREA SENIORS ASSOCIATION (S.A.S.A.)**      **Valid until December 31<sup>st</sup>** \_\_\_\_\_  
**Membership Application and Renewal form. *Please print and fill out the form in full.***

**Date:** .... /.... /20...    **Name:** .....    **Amt pd:** \$.....

**Apt #** .....    **Street Address:** .....

**Postal code:** .....    **Tel:** .....

**Email** \_\_\_\_\_

**Emergency Contact:** .....    **Telephone:**.....

**Classes/Activities:**.....    **Could you volunteer?**    Yes

*Please check one box*  
**RENEWAL**   
**NEW MEMBER**

Date of birth:		
day	month	year
___	___	___



## SWANSEA AREA SENIORS ASSOCIATION WAIVER

**2024**

By signing this waiver, I agree, acknowledge and understand that I visit the Swansea Area Seniors Association (SASA) activity or class at the Swansea Town Hall at my own risk, which includes the increased risk of contracting Covid-19 or any other illness associated with leaving my home.

I acknowledge and agree that SASA will not be liable in any way if I contract or transmit Covid-19 because of my attendance at an activity or class through SASA at the Swansea Town Hall.

I will comply with health and safety rules as communicated and will do my part to avoid transmission by staying at home if I experience cold or flu symptoms.

*Please note that for your safety, classes and activities will be conducted following the latest provincial protocols. SASA will not be liable in any way for the failure of you or anyone else to comply with the directives, recommendations, protocols, or orders from governments, health authorities or the Swansea Town Hall.*

By completing, signing and submitting this Waiver you confirm that you have read and understand it, and that you are aware that you are waiving and releasing legal rights as against SASA.

Please provide the following in the spaces below:

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_