

## 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**

**ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT**

**Note to SASA Member: By signing this Risk, Waiver and Release Agreement, you will waive certain legal rights including the right to sue. Please read carefully before you sign this Agreement.**

**You may not participate in any SASA programs or activities, including attendance at SASA meetings until such time as you have signed and submitted this Agreement.**

I recognize and acknowledge that a risk of injury may be involved in my participation in the programs and activities of SASA. I voluntarily and willingly agree to assume full risk of any and all injuries, including loss of life, health risk (including increased risk of contracting COVID-19), damages, or losses regardless of severity that I may sustain as a result of my participation in the SASA's programs and activities either on or off the Swansea Town Hall premises and I assume full responsibility for the same. Such risks are herein referred to as the "Assumed Risks".

I hereby waive and relinquish all claims I may have against SASA with respect to all such Assumed Risks and all consequences thereof. I agree to not hold SASA responsible for the Assumed Risks and all consequences thereof.

I also agree to comply with City or Toronto Health and Safety rules and guidelines to avoid the transmission of any communicable illness.

I do hereby release and forever discharge SASA together with its directors, volunteers, and class instructors (collectively SASA) from any and all actions, damages, claims, and demands whatsoever that I may have, arising out of, connected with, or in any way associated with my participation in SASA's programs and activities.

This waiver will remain in effect while I am a member in good standing and after I cease to be a member or until such time as I revoke it in writing. Revocation will be effective only for occurrences that take place after the revocation is delivered to SASA.

I have read and fully understand this assumption of risk, waiver, and release of all claims.

I understand that this Assumption of Risk Waiver and Release Agreement applies to SASA, its directors, volunteers, and class instructors engaged in the Club's business.

**I acknowledge that I have read and understood this agreement and that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releasees.**

**I sign this document voluntarily and without inducement on this:**

\_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_ at Toronto, Ontario

Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature of SASA Member