



MEMBERSHIP APPLICATION

Please Print

Name _____

I am a/n

- ☐ City of Ottawa Employee
☐ External consultant/contractor working in a City office building
☐ Student (summer or co-op) until: _____
☐ Shared Government Services Employee
☐ Spouse/Partner of a City employee**
**Employee's name _____

Employee # _____

Work Location _____ Dept _____

E-mail address _____

Telephone # _____

I would like access to these ALC sites (up to 3):

'PAR-Q' PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Common Sense is your best guide to answering these few questions.

Yes ☐ No ☐ 1. 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 ☐ 2. Do you feel pain in your chest when you do physical activity?

Yes ☐ No ☐ 3. In the past month, have you had chest pain when you were not doing physical activity?

Yes ☐ No ☐ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes ☐ No ☐ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes ☐ No ☐ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes ☐ No ☐ 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions, talk with your doctor before you start becoming much more physically active.

If you answered NO to all questions, you can be reasonably sure that you can start becoming more physically active right now. Be sure to start slowly and progress gradually - this is the safest and easiest way to go.

WAIVER

I hereby acknowledge that activities/classes provided by the Active Living Club (ALC) may involve strenuous physical activity and that I voluntarily participate in them in the full knowledge that there is a risk of personal injury. I confirm that I am of good health, that I have had a recent physical check-up and that I have reviewed my participation in activities /classes provided by the ALC with my doctor. I agree that neither myself, nor my heirs, assigns or other legal representatives will sue or make any other claim(s) whatsoever against the ALC and the City of Ottawa, its employees, instructors, or any other person involved in providing the activity/class for any injury, harm or loss that I may suffer as a result of taking part in this activity/class and hereby release the ALC and the City of Ottawa, its employees, instructors, or any other person involved in providing the activity/class from all claims, demands, damages, rights of action, etc., existing now or arising in the future.

I have read ALC's Policies, Rules and Regulations and understand that failure to abide by these may result in the termination of my membership.

Date _____

Signature _____

AUTHORIZATION FOR PAYROLL DEDUCTION

I,

Department _____

Employee # _____

hereby authorize the City of Ottawa to deduct from my earnings the dues (currently \$2.50 per week per member, subject to change) for the Municipal Employees' Active Living Club. I understand that I am responsible for notifying the ALC of my cancellation or leave of absence.

Date: _____

Signature: _____

Please send completed electronic form to alc-cva@ottawa.ca

Please note: Some of the equipment in the Active Living Club sites may contain latex.



Visit the ALC on Ozone for more information about our sites and class schedules.