

# MEMBERSHIP FORM

**FULL MEMBERSHIP FORM**

**TRIAL MEMBERS**

\_\_\_\_\_

**First Name** *PRINT CLEARLY PLEASE* \_\_\_\_\_ **Last Name** *PRINT CLEARLY PLEASE* \_\_\_\_\_

\_\_\_\_\_

**How did you learn about Siam No.1?** *PRINT CLEARLY PLEASE*

\_\_\_\_\_

**Phone Number** *PRINT CLEARLY PLEASE* \_\_\_\_\_ **Email Address (For savings & events)** *CLEARLY PLEASE* \_\_\_\_\_

**Which Location Are You Interested In?**    High Park    Burlington    Yorkdale

**TRIAL DATE** \_\_\_\_\_ **2025**  
*MONTH / DAY /*

\_\_\_\_\_

**Address** *PRINT ALL FIELDS CLEARLY PLEASE*

\_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

\_\_\_\_\_

Do you go to school? If so, where?

Are you renewing your membership?    NO    YES   What year did you originally join? \_\_\_\_\_

**PARENT OR GUARDIAN CONSENT FORM FOR THOSE UNDER THE AGE OF 18**

\_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Emergency Contact No. \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# WAIVER

## “SIAM NO.1 MUAY THAI ACADEMY”

I, \_\_\_\_\_ am of eighteen years of age or older,  
*PLEASE PRINT NAME* hereby apply for membership at the Club

If accepted into membership, I AGREE THAT:

1. Because as a member of the Club I will participate in strenuous physical activity, including body contact, that could be hazardous to myself and others, I warrant to the Club that I have never had any medical or exacerbated condition nor do I take any medication or substances, that could be affected by participation in the Club activities, or be especially hazardous to myself or others. I will promptly advise you if there is any change in such conditions during my membership;
2. I accept all risk of injury to my person, loss or damage to my property, and any liability arising there from that is occasioned as a result of my participation in the activities of the Club, whenever and however occurring, and whether caused by or contributed by my own act or neglect, or that of the Club or of those for whom the Club is in law responsible;
3. I will not hold the Club or its owners or affiliates accountable for any physical or otherwise harm or injury that may occur during my activities within the Club;
4. I will pay my fee as and when due and at rates set and posted by the Club;
5. I will observe and obey the Club rules and regulations as established, varied and posted;
6. My membership may be invoked or suspended at any time for breach of the Club rules and regulations or for failure to make payment to the Club of amounts when due;
7. No rebate of any amount paid by me to the Club will be made to me by the Club for any reason and under any circumstances;
8. Memberships are non-refundable and non-transferable;
9. A hold may be placed on a membership that is in within reasonable grounds; and, the hold will only take affect after the request is made;
10. By signing below, I acknowledge that I have read and understand all of the above and the Club will be relying upon my representations and agreement as a condition of the granting or continuance of membership;

DATED AND DELIVERED at Toronto, Ontario, this \_\_\_\_\_ / \_\_\_\_\_ / 2025  
*MONTH / DAY*

X \_\_\_\_\_  
Signature of Applicant (or Guardian if applicable)

Witness: \_\_\_\_\_  
Name of Witness (*PLEASE PRINT NAME*)

\_\_\_\_\_  
Signature of Witness



# PAR-Q & YOU

## (A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

### YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

#### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

