

MEMBERSHIP APPLICATION INSTRUCTIONS

Symington Yard Fitness Centre
821 Lagimodiere Blvd.
Winnipeg, MB

PLEASE READ CAREFULLY – Incomplete forms will NOT be processed

- You will not be contacted regarding your request
 - You are not eligible to use the Fitness Centre while waiting for your request to be processed
 - Your application will not be processed if it is incomplete or not legible (shredded after 30 days)
 - Your application will not be processed until you email a photo (considered incomplete after 30 days)
-

Renewals for inactive Security Access Cards (card has stopped working):

1. Complete the application form – BOTH SIDES – one form per person
2. Include your CN Security Access Card number (5 digit on the front of card, below your photo)
3. Insert the completed form into the drop box located at the front door of M-Bldg – West Wing
4. **Email a digital photo (jpeg) to: Fitness-Sym@cn.ca (your security card may need to be replaced)**
 - a. Read the photo instructions carefully
5. Allow at least 2 – 4 weeks for processing
 - a. if you require a new security access card it will be mailed to your home address

Non-CN personal (Spouse or sponsored Son/Daughter):

- a. MUST attach a copy of their photo ID, with address (considered incomplete if not received)
 - b. MUST reside at the same address of the active CN employee who is sponsoring you
-

New Memberships:

1. Complete the application form – BOTH SIDES – one form per person
2. Include your CN Security Access Card number (only applicable if you have a card already)
3. Insert the completed form into the drop box located at the front door of M-Bldg – West Wing
4. **Email a digital photo (jpeg) to: Fitness-Sym@cn.ca**
 - a. Read the photo instructions carefully
5. Allow at least 2 – 4 weeks for your new security access card to arrive at your home address

Non-CN personal (Spouse or sponsored Son/Daughter):

- a. MUST attach a copy of their photo ID, with address (considered incomplete if not received)
 - b. MUST reside at the same address of the active CN employee who is sponsoring you
-

Lost Card & Damaged Card:

1. Complete the application form – BOTH SIDES – one form per person
2. Include your lost CN Security Access Card number (if you know it)
3. Insert the completed form into the drop box located at the front door of M-Bldg – West Wing
4. **Email a digital photo (jpeg) to: Fitness-Sym@cn.ca**
 - a. Read the photo instructions carefully
5. Allow at least 2 – 4 weeks for your new security access card to arrive at your home address

Non-CN personal (Spouse or sponsored Son/Daughter):

- a. MUST attach a copy of their photo ID, with address (considered incomplete if not received)
 - b. MUST reside at the same address of the active CN employee who is sponsoring you
-

Photo Instructions: do not attach a photo to your application form – must be emailed

Take against a plain white or light colored background. Image must be clear, sharp and in focus. Eyes open, facial expression neutral mouth closed - no frowning or smiling. / Face & shoulders centered in photo. / Hats & Sunglasses are not acceptable.

SYMINGTON YARD FITNESS CENTRE MEMBERSHIP APPLICATION

Current CN Security Access Card # _____. (Leave blank if you do not have one)

Renewal: <input type="checkbox"/> You must email a photo	New Member: <input type="checkbox"/> You must email a photo	Lost /Damaged Card: <input type="checkbox"/> You must email a photo
--	---	---

Legible Printing – One person per form

Last Name: _____ **First Name:** _____

Address: _____

Town / City: _____ **Postal Code:** _____

Home Phone #: _____ **Work or Cell Phone #:** _____

Birthday: _____, _____, _____ **Email Address:** _____
Month Day Year

Active CN Employee **CN Pensioner** **PIN Number:** _____

NON-CN PERSONAL: (You MUST attach a copy of your photo ID with address)

Spouse Pensioner’s Spouse Son/Daughter of active CN employee

One sponsored person per eligible active CN Employee.

Sponsor Program: I, understand that in order to be eligible to apply for and maintain membership in the CN Main Track Fitness Centre Sponsor program, I must currently residing at the same address as the CN Employee and be 18 years of age or older.

Name of CN Employee that is sponsoring you: _____

PIN of CN Employee that is sponsoring you: _____

RELEASE OF LIABILITY

THE APPLICANT acknowledges that the Applicant’s use of the CN Fitness Centre (the “Centre”), its facilities and equipment is done entirely at the Applicant’s own risk, which includes, but is not limited to, risk of personal injury by reason of over-exertion by the Applicant and possible improper use of the facilities and equipment by the Applicant or others. The Applicant acknowledges that the Centre, its facilities and use of its equipment may be unsupervised with consequent added risk of personal injury.

IN CONSIDERATION of Canadian National Railway Company (“CN”) granting permission to the Applicant to attend on its property and make use of its facilities and equipment, the Applicant does hereby release and discharge CN, its officers, employees and contractors, and specifically those of the Centre, from and against any and all claims, demands and actions of whatsoever nature which the Applicant or any person on the Applicant’s behalf may now or at anytime hereafter maintain by reason of any loss, damage or injury of whatever nature or kind to person or property which the Applicant may suffer or incur by reason of the permission herein granted, whether due to the negligence of CN, its officers, employees and contractors, or otherwise.

AND FURTHER, the Applicant agrees to indemnify CN and save it harmless from any claims which it pays or is liable to pay for workers’ compensation benefits by reason of personal injury to the Applicant arising from the permission herein granted. This Release shall be deemed to have been given under seal by the Applicant.

I acknowledge that it is my responsibility to read and understand the Operation Policy Manual to familiarize myself with the Rules and Regulations of the Facility and agree to the consequences for non-compliance.

Signature: _____ **date:** _____

You must COMPLETE & SIGN the Physical Activity Readiness Checklist also!

Office Use Only: Date sent to ID Cards: _____ **/ Date processed:** _____

PHYSICAL ACTIVITY READINESS CHECKLIST

For most people physical activity should not pose any health problems. Completion of the checklist may help identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

If you answer YES to any of the following questions, it is recommended that you consult with your personal physician BEFORE increasing or continuing your physical activity. Indicate to him/her what questions you answered YES to and ask for some activity guidelines that are specific to your health status.

1. **Has your doctor ever said 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 your blood pressure or heart condition?**
 YES NO
7. **Do you know of any other reason why you should not do physical activity?**
 YES NO
8. **Are you 70 years of age or older?**
 YES NO
9. **Are you pregnant?**
 YES NO

I acknowledge that it is my responsibility to consult my physician before participating in any physical activity.

Name: _____

Signature: _____

Date: _____