

Wellness Passport Form

Last Name: _____ First Name: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____

Phone Number: (home) _____ (work) _____

Male Female Birth date (MM/DD/YY): _____

Email address (consent for notification/promotional purposes): _____

Emergency Contact Name: _____ Phone: _____

Parent/Guardian Name (if under 18): _____

General Information & Tips to Make Your Visit More Enjoyable

To ensure the safety and enjoyment of all participants and to preserve our facilities for their intended use, all participants 10 years and over who are accessing the Family Dental Centre Indoor Track and special program areas, including the Templeman Menninga Aquatic Centre must obtain a FREE Wellness Passport and scan their card at each of the doors during each visit.

Lost or stolen passport cards are to be reported to the Recreation, Culture & Community Services Department immediately. A \$5.00 fee will be charged for replacement passports.

Wellness passports are not to be shared or used by anyone other than the passport holder and must be scanned in at the applicable doors each and every visit. **Please do not open the doors for other clients**, as they must scan their own card.

Children under the age of 10 years must be accompanied by a parent/guardian in the facility and are not eligible to obtain a Wellness Passport. Children under the age of 13 years are not permitted in the Family Dental Centre Indoor Track unless accompanied by an adult.

Children under the age of 13 years are not permitted in the Workout Studio. Youth, 13-17 years, wishing to use the Workout Studio, must first attend one session of "Powerful Teens", or four, 30-min Personal Training sessions.

The City of Belleville is not responsible for lost or stolen items. We strongly encourage you to leave your valuables at home and bring a lock for your locker. Locks are available for sale at the customer service counter if you have forgotten yours.

Lost and found items are kept at the customer service counter for a short period of time and then donated to charity. For health and safety reasons, wet towels and wet bathing suits are not kept.

Cell phones, cameras and videocameras are not permitted in the change rooms, washrooms, pool viewing area and aquatic centre.

All participants are expected to follow the facility rules and immediately report any issues to the customer service/facility staff.

~ Enjoy your time at the Quinte Sports & Wellness Centre

PLEASE SEE REVERSE SIDE →→→

Waiver Form & Acknowledgment of General Information

A completed waiver form must be submitted by each individual participant.

I, the undersigned, do hereby release and agree to indemnify and save harmless The Corporation of the City of Belleville, and their respective employees or agents from all claims for loss, injury or damage to persons and property while participating in or travelling to and from the above activity, which I or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Date

Signature of Participant or Guardian
(Guardian to sign if under 18 years)

I, the undersigned, have read and understand the “General Information & Tips to Make Your Visit More Enjoyable”.

Date

Signature of Participant or Guardian
(Guardian to sign if under 18 years)

Personal information on this form and the wellness passport photo are collected under the authority of the *Municipal Act, 2001*. The information is used for the administration of the City of Belleville’s recreation programs and the wellness passport program. Questions about the collection of this personal information should be directed to: Marketing & Customer Relations Coordinator, Recreation, Culture & Community Services Department, 265 Cannifton Road, Belleville, ON, K8N 4V8 , Phone 613-966-4632. TTY 613-771-9781.

Office Use: Passport Photo Taken: Yes No

Identification Verified: DL PP HC SC Other _____

Wellness Passport Issued on: _____ Staff Initial: _____