



FOR OFFICE USE ONLY	
APPROVED BY	DATE
Chapter Rep <i>(please initial)</i>	
BOD Rep <i>(please initial)</i>	

ACTIVITY MEMBER APPLICATION FORM

INSTRUCTION: please complete all 7 sections before submitting.
Watch for text field limitations when providing detailed information.

If you have any difficulty with the application form, please contact us – see last page for contact.

1. THIS APPLICATION IS FOR:

1.1 Application Date:

Applicant type:

If you chose:

(a) Main or Head Office for an organization/corporation with multiple locations, check the box below if the address is also a Service Location* to be included on the interactive map.

(b) Service Location*, please provide the name of the organization/corporation you belong to so that we may verify their membership status (i.e. City of Edmonton)

A **Service Location is a site that carries out the services on behalf of the organization or corporation. Example: Fitness Centre, Community Recreation Complex.*

1.2 If you are the Main or Head Office for an organization or corporation, how many locations do you have?

1.3 Please let us know what type of organization you are:

If you chose Other, please specify:

1.4 Do you offer a fee assistance program for low-income participants?

YES NO

Continue to Section 2

2. APPLICANT DETAILS

Company Name <i>(will appear on legal documents and map where applicable)</i> :	
Address1	
Address2	
City	
Province	
Postal Code	
Public* Phone Number	
Public* Email <i>(optional but recommended)</i>	
URL for Website or Social Media <i>(optional but recommended)</i>	

*Will appear on website profile if applicable

3. CONTACT

First and Last Name	
Phone**	
Cell (optional)**	
Email**	

**Will not be published – for RxTGA contact purposes only

4. DESCRIPTION & GOALS

4.1. Provide a brief description about your organization including specialities *(max. 270 words)*

Section 4 continued next page

4.2. How does your organizations' mission support or compliment Prescription to Get Active? (max. 270 words)

4.3. What incentive offer will your organization provide to attract and retain participants?

4.4. Will you offer a discount for continued access after the free period ends?

YES NO

If YES, what is the discount?

5. ACTIVITIES & SERVICES

5.1 Are your programs and services targeted towards (select all that apply):

Beginner Intermediate Advanced
All of the Above

5.2 What other services and amenities do you offer that would be of value to participants? (max 130 words)

Section 5 continued next page

5.3 What languages do your service staff speak? (select all that apply)

- | | | | |
|---------|-----------|----------|-------------------|
| English | French | Cree | Cantonese |
| Dene | Inuktitut | Mandarin | Montagnais (Innu) |
| Ojibway | Oji-Cree | Punjabi | Tagalog |
- OTHER, please specify:

5.4 What activities does your facility(s) provide? (select all that apply)

- | | | |
|--|-----------------------------|-----------------|
| Adaptive (for people with physical disabilities) | Gentle Fitness | Spin |
| Aerobic Classes | Gymnastics | Squash |
| Aquacise | Ice Hockey | Swimming |
| Badminton | Kickboxing | Tennis |
| Basketball | Martial Arts | Track |
| Boxing | Pickleball | Volleyball |
| Cardio Machines | Pilates | Walking |
| Chair Based Fitness | Pre and Post Natal | Wall Climbing |
| Circuit Weight Training | Programs for Children/Youth | Weight Training |
| Cycling | Programs for Seniors | Yoga |
| Dance | Racquetball | ZUMBA |
| Fitness Classes | Running | |
| Floor Hockey | Skating | |

OTHER, please specify:
(max 130 words)

Continue to section 6

6. CERTIFICATIONS & QUALIFICATIONS OF STAFF

Select/list all certifications held by your staff:

ACSM (American College of Sports Medicine)

ACE (American Council on Exercise)

Canfitpro – please specify:

CPTN (Canadian Personal Trainers Network)

CSEP-CEP (Canadian Society for Exercise Physiology – Clinical Exercise)

CSEP-CPT (Canadian Society for Exercise Physiology – Certified Personal Trainer)

FLC (Fitness Leadership Canada – formerly NFLAC)

ICREPS or equivalent (International Confederation of Registers for Exercise Professionals), please specify:

NASM (National Academy of Sports Medicine)

NSCA (National Strength and Conditioning Association)

YMCA

Current CPR & First Aid

Other, please specify:

Continue to section 7

7. ORGANIZATION POLICY

Select policies that are currently in place:

Note: policies are not mandatory to become an Activity Partner

Health & Safety

Diversity & Inclusion Policy

(Includes but is not limited to race, ethnicity, age, national origin, sexual orientation, cultural identity, assigned sex, gender identity)

Anti-Discrimination and Harassment Policy

Code of Conduct

Disability & Access

Other, please explain (*i.e. Pandemic Policy*):

8. SUBMIT FORM

8.1 Using **SAVE AS**, follow the format below to name your file so we can easily identify and process your application.

e.g. XYZFitnessCentre-activityapplication.pdf

8.2 Email the completed application to:

administration@prescriptiontogetactive.com

NEXT STEPS

1. Your application will be reviewed for approval by the applicable Chapter and the Board of Directors
2. Upon approved, a Membership Agreement will be generated and sent to the contact noted above in Section 3 for signature and return.

Should you have any questions, please contact us at

info@prescriptiontogetactive.com or call 1-866-212-7552