



FOR OFFICE USE ONLY	
APPROVED BY	DATE
Chapter Rep (please initial)	
BOD Rep (please initial)	

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:

- | | |
|--|--|
| <p>(a) <u>Main or Head Office</u> 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.</p> | <p>(b) <u>Service Location*</u>, please provide the name of the organization/corporation you belong to so that we may verify their membership status (i.e. City of Edmonton)</p> |
|--|--|

*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?
Once the application process has been completed, we will contact you for details on your locations.

1.3a Please let us know what category of organization you are:

1.3b

Our organization is:
(please select the one that applies:
For-Profit
Not-For-Profit
Charity
Municipal

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 (will appear on legal documents and map where applicable) :

Address:

City:

Province :

Postal Code:

Address for Map Pin: Same as above OR Use address below

Street Address:

Postal Code:

Public* Phone Number

Public* Email (recommended)

URL for Website or Social Media
(optional but recommended)

*Will appear on website profile if applicable

3. CONTACT & REPORTING

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

**Will not be published – for RxTGA contact purposes only

Our organization commits to mandatory quarterly reporting.

YES

NO

4. DESCRIPTION & GOALS

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

Use above bio for website map profile or Use bio below for website map profile:

Section 4 continues on 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?

Continue to Section 5

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)*

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, <i>please specify</i> :			

5.4 Do you offer programming for *(select all that apply)*:

Adults
Children/Youth
Seniors
People with physical disabilities
Pre and Post Natal

Section 5 continues on next page

5.5 What activities do you provide? (select all that apply)

ACROBATICS	CURLING	HORSESHOES	SKATING
AEROBIC CLASSES	CYCLING	HURLING	Figure Skating
ADAPTIVE	Biking	JUGGLING	Ice Skating
Adaptive Sport	BMX	KARTING	In-Line Skating
Para Ice Hockey	Mountain Biking	LUGE	Roller Derby
Wheelchair Basketball	Spin Cycling	MARTIAL ARTS	Roller Skating
Wheelchair Racing	Track Cycling	Aikido	Speed Skating
AQUACISE	Unicycle	Brazilian Jiu-Jitsu	Synchronised Skating
AXE THROWING	DANCE	Historical European	SKIING
BADMINTON	Country & Swing	Martial Arts	Cross Country Skiing
BASEBALL	Square Dancing	Jiu-Jitsu	Freestyle Skiing
BASKETBALL	Zumba	Judo	Nordic Combined
BATON TWIRLING	DIVING	Karate	Ski Jumping
BIATHLON	DODGEBALL	Kendo	SKIPPING
BIKE POLO	EQUESTRIAN	Kung Fu	SNOWBOARDING
BILLIARDS	FENCING	MMA	SNOWSHOEING
BOATING	FITNESS CLASSES	Muay Thai	SOCCER
Canoeing	FOOTBALL	Taekwondo	SOFTBALL
Kayaking	Flag Football	Tai Chi	SPIKEBALL
Sailing	Gaelic Football	Wing Chun	SWIMMING
BOBSLEIGH	FLOORBALL	NETBALL	TEAM HANDBALL
BOWLING	FRISBEE	OBSTACLE COURSE RACING	TRACK
5-Pin Bowling	FUTSAL	ORIENTEERING	TRAMPOLINE
Lawn Bowling	GENTLE FITNESS	PICKLEBALL	TRIATHLON
BOXING	GLIDING	PILATES	VOLLEYBALL
Boxing	GOLF	QUIDDITCH	WAKEBOARD
Kickboxing	Disc Golf	RACQUET SPORTS	WALKING
BROOMBALL	Ultimate	Racquetball	WALLBALL
CAPOEIRA	GYMNASTICS	Squash	WALLYBALL
CARDIO MACHINES	Artistic Gymnastics	Tennis	WATER SPORTS
CHAIR BASED FITNESS	Rhythmic Gymnastics	RINGETTE	Paddleboarding
CHEERLEADING	HANDBALL	ROWING	Underwater Hockey
CIRCUIT WEIGHT TRAINING	HIKING	RUGBY	Water Polo
CIRCUS	HOCKEY	RUNNING	Water Skiing
CLIMBING	Field Hockey	SHOOTING	WEIGHT TRAINING
Outdoor Climbing	Floor Hockey	SKATEBOARDING	WINTERGUARD
Indoor Wall Climbing	Ice Hockey	SKELETON	WRESTLING
CORNHOLE	In-Line Hockey		YOGA
CRICKET			

OTHER, please specify:

(max 130 words)

Continue to section 6

(Form: RXTGA-M-002)

Prescription to Get Active Activity Membership Application (2025)

Page 5 of 7

6. CERTIFICATIONS & QUALIFICATIONS OF STAFF and/or VOLUNTEERS

Select all certifications held by your staff and/or volunteers:

Coaching Certification in Canada (www.coach.ca) – please specify:

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

Lifesaving Society

Current CPR & First Aid

Other, please specify:

Continue to section 7

7. ORGANIZATION POLICY

Prescription to Get Active is committed to the safety, fair treatment and equal opportunity for all participants.

Please indicate which of the following policies you currently have in place, or that are covered under your Code of Conduct:

Health & Safety

Diversity, Equity & 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

Respect in Sport (RIS)

Safe Sport Training, *please identify modules:*

Other, please explain:

(i.e. concussion protocol, Universal Code of Conduct to Prevent and Address Maltreatment in Sport (UCCMS), etc.)

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. **YourFacilityName-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