

## **ABBHEY CENTRE MEMBERSHIP** **ASSISTANCE PROGRAM**

The Abbey Centre Membership Assistance Program (ACMAP) is intended to help make recreation opportunities at the Abbey Centre more accessible for residents.

Assistance applications are accepted year-round, and the program is accessible while funds remain available. Applicants are only eligible to receive subsidization once per calendar year. If applicants do not utilize their memberships, future applications may be affected. Applications are accepted at FCSS only.

This program is funded through the Town of Blackfalds, and as such, the criteria and management of this program may change in 2027. We recommend you contact the Abbey Centre at 403.885.4039 or FCSS at 403.600.9066 for more information regarding this program.

### **APPLICANTS MUST RESIDE IN THE TOWN OF BLACKFALDS, OR LACOMBE COUNTY**

Please fill out the attached Abbey Centre Membership Form before moving forward. Please note, by signing the Membership Form, you acknowledge that the Abbey Centre and/or FCSS may contact you in matters pertaining to this application, and any misuse of program privileges may result in the loss of those privileges and influence subsequent applications.

# MEMBERSHIP ENROLLMENT FORM

MEMBERSHIP PERKS & DETAILS (PLEASE PRINT CLEARLY)	PUNCH PASS	MONTHLY	ANNUAL
• Available to Child, Youth, Teen, Adult, Senior, or Family*	✓	✓	✓
• Full access to entire facility for the duration of membership/pass purchased (Age restrictions may apply)	✓	✓	✓
• Early registration benefits on specified programs			✓
• Two (2) complimentary day passes for annual memberships (must be the same age / membership category)			✓
<b>Complimentary Pass #1</b> <input type="text"/> <b>Pass #2</b> <input type="text"/>			
• Registered and Drop In Fitness Classes	✓	✓	✓
• Eligible for monthly credit card charge		✓	✓
• Non-refundable or cancellable <sup>1</sup>	✓	✓	✓
• Ability to place membership on hold an unlimited number of times.			✓

**MEMBER INFORMATION (PLEASE PRINT CLEARLY)**      **MEMBERSHIP #**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Lacombe County Resident?

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Conditions? Optional

**List Child Names** for family membership only (2 adults and all children living in the same residence)

2<sup>nd</sup> Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Phone # \_\_\_\_\_

Child #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child #2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child #3 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child #4 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## WAIVER/CONSENT FORM

I and said child (if applicable) do hereby agree that I and said child assume all risk of personal injury, death or property loss resulting from any cause whatsoever, including, but not limited to the inherent risk involved with the Town of Blackfalds Community Service Department programs, collision with natural or manmade objects or with other persons, or from the negligence, breach of contract, or breach of statutory duty of care on the part of the Town of Blackfalds, Town of Blackfalds, the Blackfalds & District Recreation, Culture and Parks Board, the Community Services Department Staff, their supervisors, directors, officers, coordinators, managers, employees, contractors, and agents (hereinafter collectively referred to as "the Town").

I and said child do agree that the Town shall not be liable for any personal injury, death, or property loss from any cause of nature whatsoever, including but not limited to, the negligence of the Town, and hereby release the Town, and waive any and all claims with respect thereto.

I and said child agree that any litigation involving injuries, death or property loss arising out of said child's participation in the Town programs shall be brought within the province of Alberta and that any and all rights, duties and obligations as between I and said child and the Town shall be governed by and interpreted in accordance with the laws of Alberta.

### Cancellation/Refund Policy

Monthly memberships and 10 punch-passes are non-refundable or cancellable.

Cancellation/refund is only allowable on an annual membership if supported by a medical certificate or proof of permanent relocation outside of a 50 km circumference region which includes Ponoka, Alix, Bowden and Eckville.

Members may leave a credit on account for up to one year for future use or may request a refund.

Refunds will take up to 21 days to process. No refunds will be issued if the cancellation is within the final month of the membership. Refunds or credits will only be issued once a doctor's note or proof of relocation has been received by the Guest Services.

### Abbey Newsletter

Please let us know if you would like to receive our monthly electronic newsletter with all of Abbey's latest news, programs and specials.

Canada's new anti-spam law requires us to obtain express consent from the public before we can send any commercial electronic messages. By checking the "Yes" box, you agree to receive commercial content from us.

Yes  No

### Media Consent

I UNDERSTAND photographs and/or video and/or audio recordings of me may be circulated widely and that, if posted on the Town of Blackfalds and other websites, they will be available to the public.

I further understand that the Town of Blackfalds has no control over, and is not responsible for, the use or misuse of materials including my photograph and/or video and/or audio recordings of me.

FOR THE PURPOSE STATED ABOVE, I CONSENT to be photographed and/or to be video and/or audio recorded by the Town of Blackfalds or its authorized representatives.

I ALLOW the Town of Blackfalds and its representatives to use, reproduce, publish, transmit, distribute, broadcast and display any photograph and/or video and/or audio recording that contains my image and/or voice along with my name in any Town of Blackfalds publication, multimedia production, video, CD-ROM, DVD, display, advertisement and/or on the municipality's website or other social media web sites without further notice or my approval of finished photographs and/or video and/or audio recordings.

I can, at any time, opt out of this media consent by providing written notice to Communications at the Town of Blackfalds.

Please indicate your choice:

Yes  No

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Member Signature (If under 18 - Parent / Guardian Signature)

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Date (MM/DD/YY)

*Personal information collected on this form will be used to facilitate enrollment in programs offered by the Town of Blackfalds. This information is collected under the authority of Section 4(c) of the Protection of Privacy Act and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at [access@blackfalds.ca](mailto:access@blackfalds.ca) or by phone at 403.885.6370.*

**BLACKFALDS**  
ALBERTA

**ABBNEY CENTRE MEMBERSHIP ASSISTANCE PROGRAM**

**Name:** \_\_\_\_\_

Please select **ONE** of the options below:

<input type="checkbox"/> <b>Child, Youth, Teen, Adult, Senior or Family</b>	<p align="center"><b>2 Month Membership (months must be consecutive)</b></p> <p>Family Memberships can be used for a maximum of 5 individuals that live at the same residence. Up to 2 of those can be adult/seniors. Additional family members can be added at a 50% discount. Fees for additional family members would be the responsibility of the applicant.</p>
<input type="checkbox"/> <b>One Adult &amp; One Child</b>	<p align="center"><b>1 Month Membership each + 10 hr. Child Minding Punch Pass</b></p>
<input type="checkbox"/> <b>One Adult &amp; One Youth</b>	<p align="center"><b>1 Month Membership each + 10 hr. Child Minding Punch Pass</b></p>
<input type="checkbox"/> <b>Family</b>	<p align="center"><b>1 Month Membership each + 10 hr Family Child Minding Punch Pass</b></p> <p>Family Memberships can be used for a maximum of 5 individuals that live at the same residence. Up to 2 of those can be adult/seniors. Additional family members can be added at a 50% discount. Fees for additional family members would be the responsibility of the applicant.</p>

Successful applicants will be able to access the following (*\*some areas are dependent on age requirements\**):

- Fitness Centre\*
- Outdoor Aquatic Centre
- Indoor Track\*
- Indoor Play Space
- Field Houses
- Drop-in Fitness Classes
- Registered Fitness Classes (drop-in option ONLY)
- Daily drop-in activities in Field House #2 (M-F)

*\* Youth 12 - 17 years of age require an orientation before accessing the Fitness Centre or Indoor Track.*

*\* Youth 12 - 13 must complete their orientation with an adult and require supervision until 14 years of age.*

*The Child-Minding program provides childcare services for children ages 3 months to 10 years*

**ELIGIBILITY**

**Name:** \_\_\_\_\_

Family annual net income for the 2025 tax year must be equal to, or below, these levels (see line 236 of Income Tax Notice of Assessment.) Qualification levels as per the Alberta Child Health Benefit Guidelines.

# Family Members	Annual Income	Monthly Income
1	\$27,589	\$2,299
2	\$34,346	\$2,862
3	\$42,224	\$3,518
4	\$51,267	\$4,272
5	\$58,145	\$4,845
6	\$65,578	\$5,464
7	\$73,011	\$6,084
More than 7 persons, add \$7,433 per additional person.		

**WHAT PROOF OF INCOME IS REQUIRED?**

Please submit a copy of ONE of the following documents with your application and check below which document is being submitted. The total household income must be less than the Low-Income Cut-Off (LICO) set by Statistics Canada which is updated annually.

- Δ **Canada Revenue Agency: Notice of Assessment** – Please present a current “Notice of Assessment” for each family member 18 years and over who lives at the listed Blackfalds residential address. Total income before tax is shown on line 1500 of the “Notice of Assessment”.
- Δ **Assured Income for Severely Handicapped benefits (AISH)** - Please include a copy of a current Health Benefits Card (that has not expired).
- Δ **Alberta Works: Income Subsidy/Support (Supports for Independence)** – A copy of a current Health Benefits Card (that has not expired).
- Δ **Resettlement Assistance Program form** – A copy of the Start-Up & Monthly Allowance that confirms the support received under the Resettlement Assistance Program.

**CERTIFICATION:**

I am a resident of Blackfalds or Lacombe County. The information provided above and accompanying this application is complete and true.

I understand that incomplete, unsigned, or untrue applications will not be considered.

\_\_\_\_\_  
**(Applicant or Guardian Signature)**

\_\_\_\_\_  
**Date (YYYY / MM / DD)**

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