2026 MEMBERSHIP FORM

OFFICE USE	
IUD #	Pym #

MEMBER INFO (child/youth)

Last Name:	First Name:

Pronoun: ☐ He/Him ☐ She/Her ☐ They/Them	Gender: ☐ Boy ☐ Girl ☐ Trans Gender Boy ☐ Trans Gender Girl ☐ Non-Binary ☐ 2 Spirit ☐ Other:	Ethnic Background:

Birthdate (month, day, year):	School:	Grade:

Do any of the following apply to your child/youth? Check at least one box

☐New Canadian ☐ Military Family ☐ Person with a Disability ☐ Rural Resident ☐None Apply

HEALTH SECTION

Does your child carry an Epi-pen? ☐ YES ☐ NO
If yes, please list the reason:

Does your child have any non-life-threatening allergies? ☐ YES ☐ NO
If yes, please list them:

Does your child have any medical conditions or diagnosis? ☐ YES ☐ NO
If yes, please list them:

Does your child require extra support at school:
☐ IEP ☐ Learning ☐ Behaviour Management ☐ Physical Accomodations

Does your child have a "one to one" worker at school? ☐ YES ☐ NO

EMAIL ADDRESS (to receive newsletters and important information)

Name:	Email:

PARENT/GUARDIAN INFO (photo ID required for pickup)

This Child Primarily Resides With:
☐Both Parents (same address) ☐Shared Custody ☐Mother ☐Father ☐Other:

Parent/Guardian # 1 (Main Contact)	**Parent/Guardian # 2**
Relationship to Child/Youth:	Relationship to Child/Youth:
Name:	Name:
Pronoun: ☐He/Him ☐She/Her ☐They/Them	Pronoun: ☐He/Him ☐She/Her ☐They/Them
Address: (street, city, postal code)	Address if different from Parent 1: (street, city, postal code)
Cell:	Cell:
Home:	Home:
Work:	Work:

EMERGENCY CONTACTS / PICK UP – NOT LISTED ABOVE (photo ID required for pickup)

Emergency Contact #1	**Emergency Contact #2**
Relationship to Child/Youth:	Relationship to Child/Youth:
Name:	Name:
Pronoun: ☐He/Him ☐She/Her ☐They/Them	Pronoun: ☐He/Him ☐She/Her ☐They/Them
Cell:	Cell:
Home:	Home:
Work:	Work:

CONSENT / WAIVERS:	Parent's Initials
I give my child/youth, age 14+, have in/out privileges during programs. Children/youth under 14 need to be signed out of programs by a contact listed on the reverse of this form. Photo ID is required.	YES ☐ NO ☐ Initial
I give permission for my child/youth to participate in daily walks to the park, to participate in age-appropriate program evaluations and to be transported by appropriate means of transportation if required.	YES ☐ NO ☐ Initial
I received the Parent Handbook and I have discussed the Code of Behaviour with my child/youth. My child/youth and I agree to abide by the club rules, policies and procedures.	YES ☐ NO ☐ Initial
I will notify the club if any information pertaining to my child/youth changes to ensure the club always has current contact, medical and health information for the safety of my child/youth.	YES ☐ NO ☐ Initial
MEDICAL WAIVER – I have fully disclosed any health issues that could potentially affect my child's/youth's participation in programs or activities. I authorize staff to obtain medical advice and services as they deem necessary to the health and safety of my child/youth.	YES ☐ NO ☐ Initial
TECHNOLOGY WAIVER – I give permission for my child/youth to use a Chromebook or other internet connected device while participating in the programs. I understand staff monitor the use of these devices and best efforts are taken to block inappropriate content that does not align with the club's core values or content that would be harmful to the child/youth.	YES ☐ NO ☐ Initial
MEDIA CONSENT – I hereby give BGC Renfrew County my consent to use and reproduce photos, video and/or audio of my child/youth named above for promotional purposes related to BGC Renfrew County and/or external partners. The first name of my child/youth may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on the Internet or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by BGC Renfrew County and/or external partners.	YES ☐ NO ☐ Initial
By signing this form, I verify I have the legal custodial rights and permissions to enroll the child/youth in BGC programs and make decisions for the child/youth.	YES ☐ NO ☐ Initial

In consideration of BGC Renfrew County accepting the undersigned minor as a member and permitting him/her to enjoy the facilities of the Club in any manner whatsoever, we and each of ourselves, our heirs, executors, administrators or assigns, waive and release each and every right or claim for damages we may have against BGC Renfrew County, its agents, servants, represents or assigns for any and all injuries, accidents or mishaps however occasioned.

Parent/Guardian Signature: Date:

PARTICIPANT CODE OF BEHAVIOUR

I will listen, talk and show respect – yelling or interrupting will not be tolerated.
I will be fair, kind and use good manners – bullying, name calling and hands on will not be tolerated.
I will use appropriate language – swearing, cultural or sexual comments will not be tolerated.
I will respect the Club property and equipment – stealing or vandalizing will not be tolerated.
I am responsible for my own choices and actions – I will think before I act or react.
I will come prepared, dressed appropriately and ready to participate in programs.
I will stay in the program with staff until it is time to leave.
I understand failure to follow the Code of Behaviour may result in loss of privileges, suspension or expulsion from the Club.

Child Signature:
(To be signed in person at the club, children ages 9+)

How did you hear about us?