

MEMBER INFORMATION SECTION

Last Name			First Name			Office Use UID #
Birthdate (month, day, year)			School		Grade	
Pronoun <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them			Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Trans Gender Boy <input type="checkbox"/> Trans Gender Girl <input type="checkbox"/> Non-Binary <input type="checkbox"/> 2 Spirit <input type="checkbox"/> Other: _____			
Member Primarily Resides With: <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Shared Custody <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other: _____						

PARENT/GUARDIAN INFO – ALL contacts will have pickup privileges

Parent/Guardian #1		Parent/Guardian #2	
Name		Name	
Pronoun <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them		Pronoun <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Relationship to Child		Relationship to Child	
Address		Address	
City		City	
Province	Postal Code	Province	Postal Code
Cell		Cell	
Home		Home	
Work		Work	
Email		Email	

EMERGENCY CONTACTS – Other than those listed above – ALL contacts will have pickup privileges

Emergency Contact #1		Emergency Contact #2	
Name		Name	
Pronoun <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them		Pronoun <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Relationship to Child		Relationship to Child	
Cell		Cell	
Home		Home	
Work		Work	

HEALTH SECTION

Does your child have any of the following medical conditions?
Anxiety Autism ADD/ADHD ODD Asthma Epilepsy Other: _____

ANAPHYLACTIC ALLERGIES: (Epi-pen required)	OTHER ALLERGIES:
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SUPPORT SECTION

Please indicate if your child requires extra support in the following areas?
Physical Learning Behaviour School (IEP) School (one-on-one worker) No support needed

Do any of the following apply to your child or family?
First Nations/Metis/Inuit Francophone Military Family New Canadian Person with a Disability
Rural Resident Single Parent Visible Minority None apply I Prefer not to Answer

PARENTAL/GUARDIAN CONSENT:

I give my child, age 14+, have in/out privileges during programs? If your child is under 14 years of age they will need to be signed out of programs by a parent, guardian or emergency contact listed on the reverse of this form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Initial
I give permission for my child 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. Parents will always be notified in advance of any off-site excursions.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Initial
I have received the Parent Handbook?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 Pembroke, its agents, servants, represents or assigns for any and all injuries, accidents or mishaps however occasioned.

Parent/Guardian Signature:

Date:

How did you hear about us?

MEDIA CONSENT

Your child may participate in an event or activity run by BGC Renfrew County by where photos, video and/or audio of Club members may be taken for promotional/educational/fundraising purposes.

Please read this section carefully and sign either

SECTION 1 indicating consent – OR – SECTION 2 if you do not grant consent

SECTION 1: MEDIA CONSENT for Child/Youth (18 years or under)

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 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. I release BGC Renfrew County and its agents from any and all claims, of any nature, based on any uses of the above.

I certify that I am over 18 years of age and am under no legal or contractual disability to grant the rights and license above.

Name:

Signature:

SECTION 2: Confidentiality Concern, NO CONSENT

I do not want the name, image or audio of my child used for the purposes stated above.

Name:

Signature:

It is the parent/guardian's responsibility to notify BGC Renfrew County if the status of this consent changes.