

MEMBER INFO (child/youth)

Last Name:		First Name:	
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:	
Birthdate (month, day, year):		School	Grade
Primarily Resides With: <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Shared Custody <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			
Primary Address: (street, city, postal code)			
Ethnic Background <input type="checkbox"/> African Canadian <input type="checkbox"/> Caribbean <input type="checkbox"/> European <input type="checkbox"/> French Canadian <input type="checkbox"/> Inuit <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> First Nation <input type="checkbox"/> Hispanic <input type="checkbox"/> Metis <input type="checkbox"/> Other:			
Do any of the following apply to your family? <input type="checkbox"/> New Canadian <input type="checkbox"/> Military Family <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Rural Resident <input type="checkbox"/> None Apply			
Number of Sisters/Step Sisters:____ Number of Brothers/Step Brothers:____ Number of People in Household:____			

HEALTH SECTION

Does your child/youth have any of the following medical conditions? <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> ODD <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Seizures <input type="checkbox"/> Other:	
ANAPHYLACTIC ALLERGIES: (Epi-pen required)	OTHER ALLERGIES:
MEDICAL CONDITIONS:	MEDICATIONS:

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

EMAIL ADDRESS (to receive newsletters and important information)

Name:	Email:
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PARENT/GUARDIAN INFO (photo ID required for pickup)

Parent/Guardian # 1 (Main Contact)	Parent/Guardian # 2
Relationship to Child/Youth:	Relationship to Child/Youth:
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
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: <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
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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	Initial
<p>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.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
<p>PARTICIPANT CODE OF BEHAVIOUR</p> <p>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.</p> <p>Child Signature: (To be signed in person at the club)</p>			

How did you hear about us?