

Boys & Girls Club Services of Greater Victoria
MEMBERSHIP APPLICATION FORM

Boys & Girls Club Services of Greater Victoria and the Boys & Girls Clubs of Greater Victoria Foundation are committed to protecting the privacy of the personal information of our employees, volunteers, members, participants and their families, donors and other stake holders and we have developed appropriate policies to safeguard that personal information. Please review these policies in your parent handbook or at our website, www.bgcvic.org. If at any time you feel that your privacy rights have been violated please contact our Agency Privacy Officer -see website for contact information, or call (250)384-9133.

PLEASE INDICATE PROGRAM/CLUB ATTENDING:			
Central Saanich	<input type="checkbox"/>	Millstream	<input type="checkbox"/>
Circle of Friends	<input type="checkbox"/>	Rite of Me	<input type="checkbox"/>
City Central	<input type="checkbox"/>	Signs	<input type="checkbox"/>
Harbourside	<input type="checkbox"/>	Get B.U.S.Y.!	<input type="checkbox"/>

SECTION 1 - MEMBER INFORMATION

Name: _____ Home Phone: _____ Male Female

Address: _____ Date of Birth: _____ Age: _____

City: _____ Postal Code: _____ School: _____ Grade: _____

Cultural Background: _____

Previous Member? Yes No If Yes, When & Where: _____

SECTION 2— PARENT/GUARDIAN INFORMATION

Mother 's/Guardian 's Name: _____ Day Phone: _____

Father 's/Guardian 's Name: _____ Day Phone: _____

Member Currently Lives With: Mother Both Parents Step Family
Please Check Only One Father Shared Custody Other _____

Custody Arrangement / Order: Yes No IF YES PLEASE ATTACH TO BACK

SECTION 3—EMERGENCY INFORMATION

Emergency Contact Person:

Name: _____ Phone _____ Relationship: _____

Care Card Number: _____ Family Doctor: _____ Phone _____

If I am not available, I authorize Boys & Girls Club Services to secure the medical services deemed necessary for the well being of my son/daughter. *Please provide Parent/Guardian initials:* _____

SECTION 4—CHILD'S SWIMMING ABILITY

Please indicate your child 's swimming ability:

Strong Swimmer (Deep Water/ Deep Pool)

Capable Swimmer (Up to Shoulder/ Shallow End of Big Pool)

Weak Swimmer (Waist Deep/ Shallow End of Big Pool)

Non-Swimmer (Shallow Water Small Pool Only)

SECTION 5 – HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of, to better meet your child 's needs. (Check Appropriate Boxes)

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Behavioral Concerns	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	No Considerations	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Explain further what these considerations are? _____

How can our staff better meet your child 's needs? _____

A staff member may contact you for further clarification.

SECTION 6– CHILD PICK-UP INFORMATION

I, the parent/guardian or the designate(s) listed below, will **pick up** my child at the program completion time.

Designated person(s) to pick up my child: _____

I, the parent/guardian, give permission for my child to be dismissed from the drop-off spot or Club at the time listed above. (This option not available at licensed facilities)

Parent/Guardian Initial _____

Signature of Parent: _____ Date: _____

SECTION 7– PERMISSION

I, the undersigned parent/guardian, give permission for my child to participate in Boys & Girls Club Services and their programs including scheduled outings in the Greater Victoria area. I understand that program activities may include but are not limited to, swimming, canoeing, low ropes course, climbing wall, visiting local parks, stores and museums. I understand that care and attention will be given to the safety of all participants but that the Club, its staff or volunteers cannot be held liable for any injury or loss, which was not directly caused by their failure to take due care. Boys & Girls Club Services reserves the right to remove a child from the program if the Club deems it necessary to ensure the safety and well being of other participants. Parent/Guardian Signature _____ Date _____

May we send you our annual appeal letter ? Yes No

Would you like to receive a copy of our quarterly agency newsletter? Yes No

I also give permission for photographs of my child to be used for publicity purposes connected with the promotion of Boys & Girls Club Services. Yes No

Parent/Guardian Initial _____