

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 stakeholders and we have developed appropriate policies to safeguard that personal information. Please review these policies in your parent handbook or at our website, www.bgvvic.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		Millstream
Circle of Friends		Rite of Me
City Central		Signs
Harbourside		Get B.U.S.Y.!

SECTION 1 ~ MEMBER INFORMATION

Name: _____ Home Phone: _____ Age: _____
 Address: _____ Male Female Trans
 City: _____ Postal Code: _____ Date of Birth: _____
 E-mail: _____ School: _____ Grade: _____
 Cultural Background: Caucasian New Canadian
 First Nations: Band: _____ Military Family: Yes No
 Other: _____
 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 Two Parents In Care Other Family Member
Please Check Only One Father Shared Custody Other _____
 Custody Arrangement / Order: Yes No IF YES PLEASE ATTACH TO BACK

SECTION 3 ~ EMERGENCY INFORMATION

****Please attach a current photo of your child. This will be used for emergency purposes only.****

Emergency Contact #1:
 Name: _____ Phone: _____ Relationship: _____
 Emergency Contact #2:
 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)

- | | | |
|--|---|--|
| <input type="checkbox"/> 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: _____ |

Explain further what these considerations are? _____

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

Please Note: 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: _____

Signature of Parent: _____ Date: _____

SECTION 7 ~ AM CARE

PER DAY @ \$10 PER CHILD

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PER MONTH @ \$135 PER CHILD

SECTION 8 ~ PM CARE

PER DAY @ \$15 PER CHILD

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PER MONTH @ \$240 PER CHILD

SECTION 9 ~ IMMUNIZATION RECORD

	1 st Visit @2mths	2 nd Visit 2mo After 1 st	3 rd Visit 2mo After 2 nd	4 th Visit 12mo Of age	5 th Visit 12mo After 3 rd	18 Months of age	5-6 Years	Grade 6
Indicate Dates Immunizations Received								
DIPHTHERIA	*	*	*		*		*	
PERTUSSIS	*	*	*		*		*	
TENTANUS	*	*	*		*		*	
POLIOMYELITIS	*	*	*		*		*	
HIB 1	*	*	*		*			
MEASLES				*		*		
MUMPS				*		*		
RUBELLA				*		*		
HEPATITIS B								***

SECTION 10 ~ ADDITIONAL COMMENTS

SECTION 11 ~ LIABILITY WAIVER

Participation Agreement, Release, and Acknowledgement of Risk

In consideration of the services of Boys & Girls Club Services of Greater Victoria, their directors, officers, managers, employees, volunteers, and all other persons or entities acting in any capacity on their behalf (hereafter collectively referred to as Boys & Girls Club Services), I hereby agree to release and discharge Boys & Girls Club Services, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand that program activities include use of our Club facilities, equipment and vehicles, as well as scheduled outings in the Greater Victoria area.

I acknowledge that adventure-based activities including, but not limited to, swimming, canoeing, archery, low ropes course, backpacking, mountaineering, climbing and challenge activities entail known and unanticipated risks that could result in serious physical or emotional injury, such as, but not limited to, paralysis, death, or damage to participants, to property, or to third parties. I understand that such risks simply cannot be fully eliminated without jeopardizing the essential qualities of the activity.

On behalf of my child:

I expressly agree and promise to accept and assume all of the risks existing in these activities. Participation in these activities is voluntary. I elect to have my child participate with full understanding of the risks.

I certify that my child has no medical or physical conditions, other than as outlined in Section 5 - Health & Special Considerations, which could interfere with their safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created either directly or indirectly through participation in these activities.

I understand that care and attention will be given to the safety of all participants but that Boys & Girls Club Services cannot be held liable for any injury or loss.

I understand that Boys & Girls Club Services reserves the right to remove a participant from the program if the instructors deem it necessary to ensure the safety and well being of other participants.

I have had sufficient opportunity to read this entire document. By signing below I acknowledge that I have read, understood and accept the above waiver of liability.

I agree to indemnify and hold harmless Boys & Girls Club Services from any and all Claims which are brought by, or on behalf of my child which are in any way connected with such use or participation.

I, the undersigned parent/guardian, give permission for my child _____ (please print child's name) to participate in the programs of Boys & Girls Club Services of Greater Victoria.

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 Initials: _____

SECTION 12 ~ OFFICE USE ONLY

Start Date: _____ End Date: _____