



Program Name: NOOPA

# Boys & Girls Club of Williams Lake & District

a good place to be

Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Gender: M / F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Day/Month/Year Home

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ First Language: \_\_\_\_\_ Aboriginal: Y / N

Parent/Caregiver's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Member currently lives with: Mother / Father / Both / Other (please specify) \_\_\_\_\_

Emerg. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Emerg. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Authorized Pick-up (other than Emerg. Contacts): \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Does the member have any medical conditions, disabilities, or allergies?

\_\_\_\_\_

Does the member take prescription medications? Y / N \_\_\_\_\_

Are there any behavioural or other concerns we should be aware of?

\_\_\_\_\_

**In order to have fun and help other members enjoy the Club, I promise to follow these rules and agree to behave in a socially acceptable manner.**

- No smoking, drinking, or using drugs in the Club facility, on the surrounding grounds, or while involved in Club-sponsored programs or events
- No use of abusive language (bullying) or fighting

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

How did you hear about us?

\_\_ Family/Friends \_\_ Our Website \_\_ Facebook \_\_ Newspaper \_\_ Radio \_\_ Other: \_\_\_\_\_



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## Consent to Release Confidential Information to the Boys and Girls Club of Williams Lake ("BGC")

I consent that I may be discussed among members of the Integrated Youth Team (IYT). The IYT members include the Boys and Girls Club, the Child Development Centre, Canadian Mental Health Association, the Women's Contact Society, the RCMP, Ministry of Children and Family Development (MCFD), Denisiqi, Axis Family Resources, Interior Health, Youth Probation, and School District 27 Support Services.

**Yes / No (circle one)**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Parent/Caregiver

\_\_\_\_\_  
Date

How did you hear about us?

Family/Friends     Our Website     Facebook     Newspaper     Radio     Other: \_\_\_\_\_