Program Name: BASEBALL



# Boys & Girls Club of Williams Lake & District

a good place to be

Date:
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Member's Name:	ast Name	First Name Middle Name
Gender: M / F Birthdate	Day/Month/Year	Telephone:
Address:		
		Grade:
- City 1 05tu	3c/100/1	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: Mc	other / Father / Both / Other (plea	se specify)
Emerg. Contact Name:	Relationship:	Phone #1:
		Phone #2:
Emerg. Contact Name:	Relationship:	Phone #1:
		Phone #2:
Authorized Pick-un (other than Em	erg Contacts):	Phone:
riamenzea i iek ap (einer inan zin		<u></u>
Doctor`s Name:	Phone: Care	e Card Number:
Does the member have any medica	al conditions disabilities or allere	rias 2 Any provious consussions 2
boes the member have any medica	ii conditions, disabilities, or allerg	les: Any previous concussions:
Does the member take prescription	n medications? Y / N	
Are there any behavioural or other  In order to have fun and help other	concerns we should be aware of members enjoy the Club, I promise	?
Are there any behavioural or other  In order to have fun and help other behave in a socially acceptable man	concerns we should be aware of members enjoy the Club, I promisener.	e to follow these rules and agree to
Are there any behavioural or other  In order to have fun and help other behave in a socially acceptable man  No smoking, drinking, or usi	members enjoy the Club, I promisener.  ng drugs in the Club facility, on the	?
Are there any behavioural or other  In order to have fun and help other behave in a socially acceptable man  No smoking, drinking, or usi Club-sponsored programs o	members enjoy the Club, I promisener.  ng drugs in the Club facility, on the revents	e to follow these rules and agree to
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Club-sponsored programs o	members enjoy the Club, I promisener.  ng drugs in the Club facility, on the revents	e to follow these rules and agree to
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\_\_ Family/Friends \_\_ Our Website \_\_ Facebook \_\_ Newspaper \_\_ Radio \_\_ Other:\_\_

## CONSENT AND RELEASE OF LIABILITY Please read this information

### **Programs / Events and Inherent Risks**

The Boys and Girls Club of Williams Lake & District ("BGC") operates a variety of programs and events for participating children and youth at our Club sites ("Club") and other locations. BGC is committed to operating its programs in as safe a manner as possible. However, as a parent/guardian you should consider the potential risks inherent in Club programs and activities.

BGC provides programming and activities for participants which are supervised by Club staff and volunteers. BGC cannot be responsible for participants before they arrive at the Club or after they leave the Club premises. Parents/guardians and participants must remember the importance of the participants' adherence to Club rules and safety precautions detailed by Club staff while participating in Club programs and events.

#### **Inherent Risks**

Each BGC activity carries inherent risks for Members. These risks include but are not limited to, contact during sports (with another person, equipment or property), group separation, slips, falls, minor burns, transportation accidents and other accidents. Inherent risks may lead to injury or illness including, but not limited to, minor injuries, illnesses, bodily injury, burns, insect bites, head and back injury or death.

### **Privacy Statement**

BGC respects your privacy. We protect your personal information and adhere to all requirements with respect to protecting your privacy. We do not rent, sell, or trade our mailing lists. We use your personal information to provide services/programs and to keep you informed and up to date on all activities through periodic communication.

#### **Consent / Assumption of Risks**

I have read the inherent risks and give my permission for my child to participation in the activities of the BGC. I accept that there are inherent risks involved in this activities and agree to accept those risks. I have sought explanations from the Club of any risks I do not understand. I have explained the risks to my child and have ensured that he/she understands them.

#### **Rules**

I have explained to my child that there are Club rules that must be followed and they must use their best efforts to participate and play safely, fairly, responsibly and with respect for the rights and property of other participants and the staff at the Club. I have informed my child that a breach of the rules may result in remedial action including limits on their participation in program activities or being sent home.

#### Indemnity

I agree that I am financially responsible in the case of illness, injury, accident, emergency or property damage resulting from my child's participation at BGC and that BGC may claim against me for any claim which my child or a third party may make against the Club and agree to indemnify and save harmless the BGC for any expenses reasonably incurred in consequence of the above.

How did you hear al	oout us?					
Family/Friends	Our Website	Facebook	Newspaper	Radio	Other:	



Witnessed by:

Signature of Witness

## Boys & Girls Club of Williams Lake & District

a good place to be

Print name of Witness

Waiver / Release from Liability	
	lunteers, directors, or agents shall not be held liable for any injuries or es, even if arising from negligence. We waive and release the BGC and at we are waiving certain legal rights.
(Print name of Parent/Guardian)	being the Parent/Guardian or person having care and custody of
(Print name of Child/Youth)	am aware of the risks associated with programs, events and activities
offered by the Club and do hereby give conse	ent and agree to the terms above.
Signature of Parent / Guardian	Date
Publicity	
l,Print name of Parent/Guardian	give the BGC consent to use and reproduce my child / youth's
Print name of Child/Youth	image for promotional purposes related to the BGC. This may include
photography, film, video, etc. I release BGC a	nd its agents from any and all claims of any nature based on any uses of the
above.	
Signature of Parent / Guardian	Date
<b>Emergency Treatment Consent</b>	
In case of illness or accident of	, I hereby authorize the staff and/or (Print name of Child/Youth)
volunteers from the BGC or his/her represent	tative to send for/seek medical assistance, including calling upon an
ambulance or hospital.	
Signature of Parent / Guardian	Date

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