



Program Name: OUTREACH

# 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? Are they diagnosed?  
\_\_\_\_\_

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

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

Other Community Agencies Involved: \_\_\_\_\_

Other Support Workers Involved: \_\_\_\_\_

Support Workers' contact info: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## 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

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may make against the Club and agree to indemnify and save harmless the BGC for any expenses reasonably incurred in consequence of the above.

### Waiver / Release from Liability

We agree that BGC and/or its employees, volunteers, directors, or agents shall not be held liable for any injuries or damages which may arise out of BGC activities, even if arising from negligence. We waive and release the BGC and assume full responsibility and understand that we are waiving certain legal rights.

I, \_\_\_\_\_ being the Parent/Guardian or person having care and custody of

(Print name of Parent/Guardian)

\_\_\_\_\_ am aware of the risks associated with programs, events and activities

(Print name of Child/Youth)

offered by the Club and do hereby give consent and agree to the terms above.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

### Publicity

I, \_\_\_\_\_ give the BGC consent to use and reproduce my child / youth's

(Print name of Parent/Guardian)

\_\_\_\_\_ image for promotional purposes related to the BGC. This may include

(Print name of Child/Youth)

photography, film, video, etc. I release BGC and its agents from any and all claims of any nature based on any uses of the above.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

### Emergency Treatment Consent

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 representative to send for/seek medical assistance, including calling upon an ambulance or hospital.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

### Witnessed by:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print name of Witness

Referred by: \_\_\_\_\_



**Consent to Release Confidential Information to the Boys and Girls Club of Williams Lake (“BGC”)**

I consent, for the purposes of better service to my child, that my child and family 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)**

I consent to my child and family being discussed among practicum students of the Thompson Rivers University Human Services program, working in partnership with Boy and Girls Club staff. This practicum may involve observing or working with your child on course related tasks or assignments.

**Yes / No (circle one)**

**Spontaneous Neighbourhood Walks**

I give permission for my child to participate in spontaneous neighbourhood walks to the local park, pool, etc., with the childcare staff of the BGC. I will be notified and a separate consent will be required for field trips away.

**Yes / No (circle one)**

**Spontaneous Car Trips**

I give permission for my child to participate in spontaneous local trips (grocery store, parks, school, etc.) with the child care staff of the BGC. I understand the staff’s personal vehicle will be used and my child will be in a CSA approved safety seat (properly installed with either tether straps or seat belted). Other field trips requiring transportation will be stated on the consent form for each specific field trip.

**Yes / No (circle one)**

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date=

**Referred by:** \_\_\_\_\_