



Program Name: Mountain Biking

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? Any previous concussions?

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 or Parent/Caregiver

Date

How did you hear about us?

__ 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 about us?

Family/Friends Our Website Facebook Newspaper Radio Other: _____



Boys & Girls Club of Williams Lake & District

a good place to be

Date: _____

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

How did you hear about us?

Family/Friends Our Website Facebook Newspaper Radio Other: _____