



WAIVER AND RELEASE OF LIABILITY FORM

Release of Liability, waiver of claims, assumption of risk and indemnity agreement
between the **Boys and Girls Club of Williams Lake and District**
and

Name of youth participant (RELEASEE) - please print

**BY SIGNING THIS DOCUMENT YOU WILL HAVE WAIVED CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

In consideration of being allowed to participate in any way in the Boys and Girls of
Williams Lake and District/ NOOPA Youth Centre athletics/ sports/ recreation programs,
related events and activities, the undersigned acknowledges, understands, and agrees that;

1. I, myself and on behalf of my heirs assigns, personal representatives and next of kin, HEREBY
RELEASE AND HOLD HARMLESS the Boys and Girls Club of Williams Lake/ NOOPA Youth
Centre, their officials, agents, and/ or employees, other participants, sponsoring agencies, sponsors,
advertisers, and if applicable, owners and lessors of premises used to conduct the event
("RELEASEE"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or
damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES
OR OTHERWISE.
2. The risk of injury from the activities involved in this program is significant, including the potential for
permanent paralysis and death. Although particular rules, equipment, and personal discipline may
reduce this risk, the risk if serious injury exists and
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF
ARISING FROM NEGLIGENCE OF ALL RELEASEES or others, and assume full responsibility of
my participation and

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND AM AWARE
THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL
RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS,
ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

Signed this _____ day of _____ 2007.

(Signature) Parent/ Guardian: _____
(Please print name)

(Signature) Witnessed by: _____
(Please print name)



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Membership Form

Name of Child:		Name Child Responds to:	
Gender:	Date of Birth:	Enrolment Date:	Withdrawal Date:
Address:			
Parent/ Guardian Relationship to child:		Home Number	Work Number
Parent/ Guardian Relationship to child:		Home Number	Work Number
Person(s) whom the child lives with:			
Languages spoken in the home:			
Doctor's Name:	Care Card Personal Health Number:	Phone:	
Allergies/ Reaction/ Treatment:			
Illness or Medical Conditions/ Symptoms/ Treatment:			
EMREGENCY CONTACTS OTHER THAN PARENT/ GUARDIAN:			
Name:	Relationship to child:	Home Phone:	Work Phone:
Persons authorized to pickup child from facility (other than parent/ guardian):			
Name:	Relationship to child:		
If there is a custody agreement, please give details. A copy of the custody order must be left with the facility manager.			

CONSENT TO RELEASE CONFIDENTIAL INFORMATION TO THE BOYS AND GIRLS CLUB OF WILLIAMS LAKE AND DISTRICT

I _____ consent, for the purposes of better service, to my child and family being discussed among the members of the Integrated Youth Team (IYT). The IYT members include the Boys and Girls Club, the Child Development Centre, the Jubilee Care/ Canadian Mental Health Association, the Women's Contact Society and School District 27 Support Services.

_____ Date

_____ Name (please print)

_____ Signature of Parent/ Guardian



Emergency Treatment Consent

(Emergency Release Authorization)

In case of illness or accident of my child _____ and I cannot be reached by phone, I hereby authorize the day care provider, or his/ her representative, to send for or seek medical assistant. I agree that the day care provider, IN AN EMERGENCY, may call upon his/ her local hospital or ambulance. All costs incurred are the responsibility of the parent or guardian.

Date _____

Printed name of parent/ guardian

Signature of parent/ guardian

Printed name of day care operator

Signature of day care operator

Registration Form Update (to be done yearly or as needed)

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

Spontaneous Neighbourhood Walks:



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I give permission for my child _____ to participate in spontaneous neighbourhood walks to the local park, pool, etc., with the child care staff of the Boys and Girls Club of Williams Lake and District. I will be notified and a separate consent will be required for field trips away from the centre.

Please check this box if consenting Please initial if not giving consent _____

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 Boys and Girls Club of Williams Lake and District. 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.

Please check this box if consenting Please initial if not giving consent _____

Photo Permission:

I give permission for my child _____ to be photographed. I understand these photographs may be used in child care centre displays or community displays. I will be notified of any photographs that are being published in the media and consent will be required.

Please check this box if consenting Please initial if not giving consent _____

Consent to Walk from School:

I give permission for my child _____ to be escorted from the designated drop -off site to the After School Program by the staff of the Boys and Girls Club of Williams Lake and District.

Please check this box if consenting Please initial if not giving consent _____

Parent/ Guardian Signature

Print Name of Parent/ Guardian	Parent/ Guardian Signature	Date

Immunization Record

Schedule of Immunizations



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Name of Child _____

AGE	TYPE OF IMMUNIZATION	DATE(S)
2 Months	DPT, POLIO, HIB, HEP B	
4 Months	DPT, POLIO, HIB, HEP B	
6 Months	DPT, POLIO, HIB, HEP B	
12 Months	DPT, POLIO, HIB, HEP B	
18 Months	DPT, POLIO, HIB, HEP B	
Kindergarten	DPT, POLIO, HIB, HEP B	
Grade 6	DPT, POLIO, HIB, HEP B	
Age of other Immunizations	Type:	Date(s):
	Meningococcal	
	Chicken Pox	
	Influenza	

*** Due to licensing purposes, we require a complete immunization record for each child. If you are unsure of any of the dates, or would like further information, please contact the Public Health Office.

Public Health
3 Floor 540 Borland St.
Williams Lake
Tel: (250) 302-5000

Mailing Address: 51 South Fourth Avenue
Street Address: 17 South Fourth Avenue
Williams Lake, BC, V2G 1J6

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