



REGISTRATION FORM

Programs and Services

Personal Information and Confidentiality: Your personal information is collected for (1) registration purposes to ensure that we provide a safe and supportive environment for your child/youth, and completing demographic and statistic reports for our funders. We respect the privacy of all our members. The information you provide is confidential and will not be shared without your written permission. To learn more about our privacy policy, please visit www.bgcwilliamslake.com or speak to a member of our administration team. If you have any questions or concerns about this form, we are happy to help.

CHILD/YOUTH INFORMATION

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Preferred Name(s): _____

Address: _____ **City:** _____ **Postal Code:** _____

Date of Birth (MM/DD/YYYY): _____ **Gender:** _____ **Pronouns:** _____

Height: _____ **Weight (lbs):** _____ **Hair Color:** _____ **Eye Color:** _____

School Attending: _____ **Grade:** _____

Swimming Ability (Circle One): Strong Capable Weak Non-Swimmer

Primary Language Spoken: _____ **Other Languages Spoken:** _____

Indigenous (Circle One): Yes No **If yes, please note Ancestry:** _____

New Canadian (Circle One): Yes No **Date arrived in Canada (MM/DD/YYYY):** _____

Refugee (Circle One): Yes No **Military Family:** Yes No

Ethnic Origin: _____

*The Boys and Girls Club of Williams Lake & District,
A Good Place to Be.*



Member Lives with (Circle all that apply):

- Both Parents, Father and Stepparent, Youth Agreement, Mother Only, Foster Parent, Homeless, Father Only, Grandparents, Mother and Stepparent, Guardians, Other: _____

Is there a custody order involved? (Circle one) Yes No
*If yes, a custody order MUST be attached.

MEDICAL INFORMATION

BC Health Card # (MANDATORY): _____

Family Doctor's Name: _____ Phone Number: _____

To the best of your knowledge, your Child/Youth immunizations are up to date: Yes or No

Other professionals involved in your Child/Youth care (Circle all that apply):

- Psychiatrist, Nurse, School Professional, Psychologist, Support Worker, Counsellor, Social Worker, Probation Officer, Other _____

PLEASE NOTE: If you answer 'Yes' to any of the questions below, a Care Plan is required to best support the health and safety of your Child/Youth. A staff member will contact you shortly.

Does your Child/Youth have a condition that has been diagnosed by a medical professional? (Circle One) Yes or No

If yes, please describe below:

Three horizontal dashed lines for describing the condition.



Does your Child/Youth take any medications? **(Circle One):** **Yes** **or** **No**

If yes, please list the medications and dosages below:

Are the Boys and Girls Club Staff required to administer your Child/Youth's medications? **(Circle One):**
Yes or No

Does your Child/Youth have any health, physical limitations, or special considerations that our staff team should be aware (e.g., behavioral concerns, injuries, emotional sensitivities, disabilities, recent loss, seizures, food allergies, vegetarian, etc.)? **(Circle One):** **Yes** **or** **No**

If yes, please explain below:

CONTACTS

PARENT OR LEGAL GUARDIAN

Last Name: _____ **First Name:** _____

Email Address: _____

Best Phone Number(s) to Reach You:

Preferred Way to Contact You (Circle One): Phone or Email or Text

Please provide _____



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Mailing Address (If different from Youth's): _____

City: _____ **Province:** _____

Postal Code: _____

Relationship to Child/Youth (Circle all that apply):

Primary Contact

Mother Father Grandparent Authorized Pickup Social Worker

Guardian Foster Parent Step-Parent Emergency Contact

Other: _____

PARENT OR LEGAL GUARDIAN

Last Name: _____ **First Name:** _____

Email Address: _____

Best Phone Number(s) to Reach You:

Preferred Way to Contact You (Circle One): **Phone or** **Email or** **Text**

Mailing Address (If different from Child/Youth): _____

City: _____ **Province:** _____

Postal Code: _____

Relationship to Youth (Circle all that apply):

Primary Contact

Mother Father Grandparent Step Parent Social Worker

Foster Parent Guardian Other: _____

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

Telephone: (250) 392-5730
Fax: (250) 392-5743



EMERGENCY CONTACTS

1st EMERGENCY CONTACT

Last Name: _____ **First Name:** _____

Email Address: _____

Best Phone Number(s) to Reach You:

Mailing Address (If different from Youth's):

City: _____ **Province:** _____

Postal Code: _____

Relationship to Youth (Circle all that apply):

Mother	Father	Other Family	Grandparent
Step-Parent	Social Worker	Case Manager/Worker	Foster Parent Guardian
Authorized Pickup	Spouse	Social Worker	
Family Friend	Other: _____		

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2nd EMERGENCY CONTACT

Last Name: _____ **First Name:** _____

Email Address: _____

Best Phone Number(s) to Reach You:

Mailing Address (If different from Youth's):



City: _____ Province: _____

Postal Code: _____

Relationship to Child/Youth (Circle all that apply):

- Mother Father Other Family Grandparent Step parent Social Worker
- Case Manager/Worker Foster Parent Guardian Authorized Pickup Spouse
- Family Friend Other: _____

WAIVERS

(Please initial the designated areas)

PERMISSION TO TRANSPORT (when applicable)

I give permission for my Child/Youth to travel in vehicles operated by The Boys and Girls Club of Williams Lake and Districts' staff for the purposes of pickups, field trips, outings, and emergencies. I understand that the driver is fully qualified to operate Boys & Girls Club of Williams Lake vehicles and that seatbelt use is strictly enforced.

I have read, understand, and agree to the above statement _____X

VISUAL IMAGE PERMISSION (when applicable)

I give my permission for my Child/Youth to be included in visual images (e.g., photos, videos, etc.) that may be used for The Boys and Girls Club of Williams Lake & District marketing and communication purposes (e.g., website, brochures, posters, social media, television, etc.). Please note: All images will be used respectfully and will not include full names.

I have read, understood and give my permission to use visual images of my Youth _____X

I have read, understood and **DO NOT** give my permission to use visual images of my Youth _____X



CHILDREN/YOUTH LEAVING THE CLUB/DROP-IN (when applicable)

Children/Youth can choose when they come and go from Club programs. Club staff will not prevent your Child/Youth from leaving the Club, however Children/Youth are encouraged to communicate with their parents/guardians about their whereabouts and pick up and drop off times. Pick up and drop offs must be arranged prior to Child/Youth coming to The Drop-In centre or Boys and Girls Club program as Staff do not provide transportation outside of programming.

I have read, understand, and agree to the above statement _____X

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MEDICAL WAIVER (when applicable)

To the best of my knowledge, I have fully disclosed any physical and/or health issues that could potentially affect my Child/Youth's participation in Club programs or activities. I authorize the Club staff to obtain medical advice and services as they deem necessary for the health and safety of my Child/Youth. In cases where my medical consent is needed I authorize the Boys and Girls Club of Williams Lake & District staff to provide medical consent when all reasonable attempts to contact me, another parent/guardian of my Child/Youth, or an emergency contact has failed to be contacted.

I also authorize in the case of a medical emergency to provide consent when there is not enough time to contact me, another parent/guardian of my Child/Youth, or an emergency contact. I accept financial responsibility for all medical costs that exceed coverage under the provincial health care plan.

I have read, understand and agree to the above statement _____X

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RELEASE OF LIABILITY

I acknowledge that any services contracted by the Boys and Girls Club of Williams Lake & District, where I allow my Child/Youth as a minor to participate and has my permission to come onto the property owned, leased, or contracted by the Boys and Girls Club of Williams Lake & District, and participate in programs and services contracted by myself, I hereby agree to release and discharge Boys and Girls Club of Williams Lake & Districts' officers, servants, funders, volunteers, Club members, and employees from all liability claims and courses of action of any nature whatsoever in the event of any accident, injury, or sickness regarding my Child/Youth /dependent, myself, any spouse or mine, and any member of my family arising out of such use of properties and services of the Boys and Girls Club of Williams Lake & District.

I have read, understand, and agree to the above statement _____X



AGREEMENT TO FOLLOW GUIDELINES FORM

The Boys and Girls Club of Williams Lake & District operates Club programs and services within the terms of their program operations and behavioral guidelines will be provided upon registration and is available at the Boys and Girls Club of Williams Lake & District website.

I agree to read and abide by the Club Programs Guidelines and to direct any questions or concerns that I may have about these guideline to the Executive Director _____X

PROGRAMS AND SERVICES

- After School/Summer Program (Ages 5-12)
- Outreach Services (Ages 12-18)
- Independent Living Program (Ages 13-18)
- NOOPA After School Youth Drop-In Centre (Ages 13-18)
- Anime Club (Ages 10-18)
- Sprockids Mountain Biking (Ages 6-18, Seasonal)
- Ice Hockey (Ages 13-18, Seasonal)
- Ball Hockey (Ages 13-18, Seasonal)
- Harm Reduction Services (19+)
- Life Skills & Empowerment Workshops (Ages 13-18)
- Culture Nights (Ages 13-18)
- Rewild Your Child Summer Camp Program (Ages 5-12, Seasonal)
- Get in the Game (Ages 6-18)
- Superhero Club (Ages 6-18)
- Skateboarding Program(Ages 6-18)
- POPS in the Park (6-18)
- Get Off your Apps (Ages 6-18)
- Basic Needs Brighter Futures (Ages 10-18)
- Glass Slipper Program (all ages)
- Other:_____



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SIGNATURES

Name of Parent/Legal Guardian (Please Print):

Signature of Parent/Legal Guardian:

Signed this _____ **Day of** _____ **Month** _____ **20** _____

The mission of the Boys and Girls Club of Williams Lake & District is to provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life.

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