



# 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, 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](http://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.

### YOUTH INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ 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, Providing Children & Youth with a Good Place to be.*



Member Lives with (Circle all that apply):

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

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's immunizations are up to date: Yes No

Other professionals involved in your child's 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 Youth. A staff member will contact you shortly.

Does your Youth have a condition that has been diagnosed by a medical professional? (Circle One)

Yes No

If yes, please describe below:

Four horizontal lines for describing the condition.



Does your Youth take any medications? (Circle One): Yes                      No

If yes, please list the medications and dosages below:

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Are the Boys and Girls Club Staff required to administer your Youth's medications? (Circle One):

Yes                      No

Does your 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                      No

If yes, please explain below:

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## **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 Email Text # \_\_\_\_\_

Mailing Address (If different from Youth's): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship to Youth (Circle all that apply):

|                   |               |               |
|-------------------|---------------|---------------|
| Primary Contact   | Mother        | Father        |
| Grandparent       | Step-Parent   | Social Worker |
| Emergency Contact | Foster Parent | Guardian      |
| Authorized Pickup | 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 Email Text # \_\_\_\_\_

Mailing Address (If different from Youth's): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_



**Relationship to Youth (Circle all that apply):**

|                   |               |               |
|-------------------|---------------|---------------|
| Primary Contact   | Mother        | Father        |
| Grandparent       | Step-Parent   | Social Worker |
| Emergency Contact | Foster Parent | Guardian      |
| Authorized Pickup | Other: _____  |               |

## ***EMERGENCY CONTACTS***

### **1<sup>st</sup> 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: _____  |               |



## 2<sup>nd</sup> 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: _____  |               |





## WAIVERS

(Please initial the designated areas)

### PERMISSION TO TRANSPORT

I give permission for my 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 Club vehicles and that seatbelt use is strictly enforced.

I have read, understand, and agree to the above statement \_\_\_\_\_X

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### VISUAL IMAGE PERMISSION

I give my permission for my Youth to be included in visual images (e.g., photos, videos, etc.) that may be used for Boys and Girls Club 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

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### YOUTH LEAVING THE CLUB/DROP-IN

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

I have read, understand, and agree to the above statement \_\_\_\_\_X

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### MEDICAL WAIVER

To the best of my knowledge, I have fully disclosed any physical and/or health issues that could potentially affect my Youths 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 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 Youth, or an emergency contact has failed, as well as in the case if a medical emergency when there is not enough time to contact me, another parent/guardian of my Youth, or an emergency contact. I accept financial responsibility for all medical costs that exceed coverage.

I have read, understand and agree to the above statement \_\_\_\_\_X



**RELEASE OF LIABILITY**

I acknowledge that by contracting with the Boys and Girls Club with the Boys and Girls Club of Williams Lake & District, I am aware of my Youth/minor will be participating in at the Club. In consideration of my Youth being permitted to come into 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 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

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**AGREEMENT TO FOLLOW GUIDELINES FORM**

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 guidelines to the Programs Manager \_\_\_\_\_X

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**PROGRAMS AND SERVICES**

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|---|---|
| <input type="checkbox"/> After School/Summer Program (Ages 5-12)          | <input type="checkbox"/> Sprockids Mountain Biking (Ages 10-18, Seasonal) |
| <input type="checkbox"/> Rewild Your Child Program (Ages 5-12, Seasonal)  | <input type="checkbox"/> Ice Hockey (Ages 13-18, Seasonal)                |
| <input type="checkbox"/> Outreach Services (Ages 12-18)                   | <input type="checkbox"/> Ball Hockey (Ages 13-18, Seasonal)               |
| <input type="checkbox"/> NOOPA After School Drop-In (Ages 13-18)          | <input type="checkbox"/> Get IN the Game                                  |
| <input type="checkbox"/> Independent Living Program (Ages 16-18)          | <input type="checkbox"/> Get Off your Apps                                |
| <input type="checkbox"/> Anime Club (Ages 10-18)                          | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Life Skills & Empowerment Workshops (Ages 13-18) |   |
| <input type="checkbox"/> Culture Nights (Ages 13-18)                      |   |
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***SIGNATURES***

Name of Parent/Legal Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_