



## 2013 BGC0 Membership Application

### Member Contact Information

|                             |                     |                               |
|-----------------------------|---------------------|-------------------------------|
| Last Name                   | First Name          | Middle Name                   |
| Address – Street no. – Apt. |                     | City – Province – Postal Code |
| Home telephone<br>( ) - -   | Cellular<br>( ) - - |                               |
| Email                       |                     |                               |

### Personal Information

|                                |                       |                            |
|--------------------------------|-----------------------|----------------------------|
| Date of birth (month/day/year) | Age                   | Gender<br>Male      Female |
| School Name                    | Grade                 |                            |
| Health Card Number             | Medications/Allergies |                            |

### Additional Information (Please let us know so we can help)

|  |                                   |                            |
|--|-----------------------------------|----------------------------|
| Does your child have any special needs or require any additional support in any of the following areas:  |                                   |                            |
| Physical:  | Yes                               | No                         |
| If yes please explain:   |                                   |                            |
| Learning:  | Yes                               | No                         |
| If yes please explain:   |                                   |                            |
| Behavioral:  | Yes                               | No                         |
| If yes please explain:   |                                   |                            |
| The BGC0 is fortunate to provide barrier-free programming due to our funders can you please assist them in obtaining additional information about the children and youth we serve so we can continue to offer quality service. Do you consider your child to be included in any of the following groups (Please select all that apply) |                                   |                            |
| Immigrant/New Canadian   | Rural resident                    | Member of visible minority |
| Francophone  | First Nations, Métis and/or Inuit | Person with disability     |
| Not a member of these groups   | I prefer not to answer            |                            |
| Other: _____   |                                   |                            |

### Membership Fees and Character

|  |
|--|
| Our membership fees are \$0/year   |
| Our membership fees are your character at the Boys and Girls Club and in the community           |
| If any family would like to make a donation, please contact the Club at 613-232-0925. Thank you. |

### Emergency Contact ( Other than parent/guardian)

|                           |                     |                       |
|---------------------------|---------------------|-----------------------|
| Last Name                 | First Name          | Relationship to Child |
| Home telephone<br>( ) - - | Cellular<br>( ) - - |                       |



### Parent / Guardian Information

|  |   |
|--|---|
| Child resides with :    Mother      Father      Both      Guardian |   |
| <b>Mother / Guardian</b> (Last name and first name)                | <b>Father / Guardian</b> (Last name and first name) |
| Address – Street no. – Apt.  | Address – Street no. – Apt.                         |
| City – Province – Postal Code                                      | City – Province – Postal Code                       |
| Telephone<br>(    ) _____ - _____                                  | Telephone<br>(    ) _____ - _____                   |
| Employer   | Employer  |
| Work phone number<br>(    ) _____ - _____                          | Work phone number<br>(    ) _____ - _____           |
| E-mail   | E-Mail  |

### Child pick-up and in/out privileges (Very important information)

| <p><b>Members aged 6 to 12</b> will not have in/out privileges at the Club. In order for them to leave the premises, a parent/guardian or someone (aged 14 years or more) authorized by the parent/guardian must pick them up. Please identify individuals who may pick up your child.</p> |                       |              |
|--|-----------------------|--------------|
| Name   | Address + Postal Code | Home phone # |
|  |                       |              |
|  |                       |              |
| <p><b>Members aged 13 years or older</b> will be allowed to leave the Club on their own providing that the parent/guardian has indicated below that the child has permission to do so (if safety is a concern the BGCO has the right to ask a parent to pick up the child.)</p>            |                       |              |
| <p>I give permission for my child to have in/out privileges at the Club, which includes walking home on their own</p> <p>Yes                  No</p>   |                       |              |

### Parental Authorization (Please read why we need your support)

| <p>Indicate your permission for the following and initial beside your response. We need your support the surveys and pictures allow us to tell the BGCO story without it we could not provide no cost programming.</p> |        |          |
|--|--------|----------|
| Permission   | Yes/No | Initials |
| My child may participate in surveys for program evaluation:  |        |          |
| My child may appear in photographs (print material) used for reporting, publicity purposes and/or the promotion of the Boys and Girls Club of Ottawa:  |        |          |
| My child may appear in photographs (internet) used for reporting, publicity purposes and/or the promotion of the Boys and Girls Club of Ottawa.  |        |          |

I, the undersigned parent/guardian, having applied to the Boys & Girls Club ("the Club") on behalf of my child or ward for membership in the Club, and in consideration for acceptance by the Club of my application, do hereby give permission for my child or ward to participate in the Club and their programs including all scheduled outings, unless I advise in writing to the contrary.

Having investigated the activities and resources of the Club to my satisfaction, I understand that due care and attention will be given to the safety of all participants including my child or ward, but that the Club, its officers and directors, staff and volunteers cannot be held liable for any injury or loss, howsoever caused, and I release the Club, its officers and directors, staff and volunteers on behalf of my child or ward, from any liability and from all claims arising, directly or indirectly, from participation by my child or ward in Club activities. I further understand that the Club reserves the right to remove my child or ward from the program if the Club deems it necessary to ensure the safety and well being of other participants.

|                           |                       |
|---------------------------|-----------------------|
| Parent/guardian Signature | Date (month/day/year) |
|---------------------------|-----------------------|

Date: \_\_\_\_\_ Received by: \_\_\_\_\_      New      Renewal