

MEMBER INFORMATION SECTION Office Use

Last Name		First Name			UID # PM:
Gender	Birthday m m d d y y y y	Age	Grade	School	

Member Primarily Resides With..... (check only one)
 Both Parents
 Shared Custody
 Mother Only
 Father Only
 Other: _____

CONTACT INFORMATION - Note: Parents, Guardians and Emergency contacts will have pickup privileges

Circle One Parent Guardian Emergency Pickup	Name:		Relationship to child:		
	Address:		City:	Postal Code:	
	Cell#:	Home#:	Work#:		
Circle One Parent Guardian Emergency Pickup	Name:		Relationship to child:		
	Address:		City:	Postal Code:	
	Cell#:	Home#:	Work#:		
Circle One Parent Guardian Emergency Pickup	Name:		Relationship to child:		
	Address:		City:	Postal Code:	
	Cell#:	Home#:	Work#:		
Circle One Parent Guardian Emergency Pickup	Name:		Relationship to child:		
	Address:		City:	Postal Code:	
	Cell#:	Home#:	Work#:		
Circle One Parent Guardian Emergency Pickup	Name:		Relationship to child:		
	Address:		City:	Postal Code:	
	Cell#:	Home#:	Work#:		
Circle One Parent Guardian Emergency Pickup	Name:		Relationship to child:		
	Address:		City:	Postal Code:	
	Cell#:	Home#:	Work#:		

Please provide us with an email address for program updates and upcoming events!

EMAIL: _____ NAME: _____

How did you hear about us? _____

HEALTH SECTION

ANAPHYLACTIC ALLERGIES: (Epi-pen required)

MEDICATIONS:

OTHER ALLERGIES:

MEDICAL NOTES:

SUPPORT SECTION

Does your child have any of the following conditions?

- Anxiety Autism ADD/ADHD
 ODD Asthma Epilepsy
Other:

Does your child require extra support in the following areas?

- Physical Learning Behaviour
 School (one-on-one) School (indirect/IEP)
Comments:

GRANT/FUNDING SECTION

Do any of the following apply to your family?

- Francophone Single Parent New Canadian Rural Resident Military Family Visible Minority
 First Nations/Metis/Inuit Person with a Disability None of these apply Prefer not to Answer

CONSENT SECTION: circle YES or NO for each question

Can your child, age 14+, have in/out privileges during programs?	YES	NO	Initials:
Can your child appear in Printed Materials, on the Internet and in the Media?	YES	NO	Initials:
Can your child evaluate our programs by method of age appropriate surveys?	YES	NO	Initials:
Can staff assist your child with bug spray and sunscreen application?	YES	NO	Initials:
Can your child be transported by bus, taxi or staff vehicle during programs?	YES	NO	Initials:
Can your child participate in daily walks and outings?	YES	NO	Initials:
I have received the Parent Handbook?	YES	NO	Initials:

In consideration of the Boys and Girls Club of Pembroke accepting the undersigned minor as a member and permitting him/her to enjoy the facilities of the Club in any manner whatsoever, we and each of ourselves, our heirs, executors, administrators or assigns, waive and release each and every right or claim for damages we may have against the Boys and Girls Club of Pembroke, it's agents, servants, represents or assigns for any and all injuries, accidents or mishaps however occasioned.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____