



# 2020 MEMBERSHIP FORM

## MEMBER INFORMATION SECTION

Office Use

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

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

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

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

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

**Please provide us with your email address so we can send out our monthly calendar, program updates and upcoming special events.**

EMAIL: \_\_\_\_\_ NAME: \_\_\_\_\_

## 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

For Grant/Funding Purposes, does 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: \_\_\_\_\_