



Boys & Girls Club  
of Pembroke

1144 Lea Street, PO Box 1354  
Pembroke, ON K8A 6Y6  
Ph: 613-735-1933 Fx: 1-613-706-0130  
www.boysandgirlsclubofpembroke.org



## 2018 Membership Form

**OFFICE USE:** T Received: \_\_\_\_\_  
Payment Method: \_\_\_\_\_

### MEMBER INFORMATION

Member's Last Name		Member's First Name		Gender
Address - Street no. - Apt		City		Postal Code
Home Phone		Member's Cell Phone (if any)		Member's Email Address (if any)
Date of Birth (MMM/DD/YYYY)		Age	Grade	Child's School

### FAMILY INFORMATION

CHILD RESIDES WITH (check one only):  
 Both Parents    Shared Custody    Mother Only    Father Only    Other: \_\_\_\_\_

Mother/Guardian (last, first)		Father/Guardian (last, first)	
Address (if different) <input type="checkbox"/> same as child		Address (if different) <input type="checkbox"/> same as child	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Email	Work Phone	Email

### EMERGENCY CONTACT (other than parent/guardian)

Last Name	First Name	Relationship to child
Home Phone	Cell Phone	Work Phone

### CHILD PICK-UP (ID must be presented upon request)

Members will not have in/out privileges at the Club. In order for them to leave the premises a parent/guardian, emergency pickup or someone listed below (aged 14 years or older) must sign them in/out.

Name	Address	Home Phone	Cell Phone
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Please identify individuals who may pick up your child, including older siblings (14+).

### AGES 14+

Boys and Girls Club of Pembroke will not be responsible once a member leaves our program on their own.

**I give permission for my child, 14 years of age or older, to have in/out privileges at the Club.**

YES    NO   Parent/Guardian Signature: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Does your child require additional support in any of the following areas? If yes, please explain further and list any diagnosis when applicable.

	Area	Details
<input type="checkbox"/>	Physical	
<input type="checkbox"/>	Learning	
<input type="checkbox"/>	Behavioural	

Does your child require additional support at school?  Yes  No

Has your child been diagnosed with any of the following:

<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Attention Deficit Hyperactivity	<input type="checkbox"/> Severe Allergies
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Oppositional Defiance Disorder
<input type="checkbox"/> Pervasive Development Disorder	<input type="checkbox"/> Sensory Integration Dysfunction	<input type="checkbox"/> Other

Comments:

**ALLERGIES**

DOES YOUR CHILD HAVE ANY ALLERGIES?  NO

Allergen	How Severe? (physical contact, ingested, inhaled)	Epipen location (N/A if not needed)

**FUNDING**

The Boys and Girls Club of Pembroke is fortunate to provide barrier-free programming due to our funders. Can you please assist us in obtaining additional information about the children we serve? Do you consider your child to be included in any of the following groups? (check all that apply)  I prefer not to answer

<input type="checkbox"/> Immigrant/New Canadian	<input type="checkbox"/> Rural Resident	<input type="checkbox"/> Member of Visible Minority
<input type="checkbox"/> Francophone	<input type="checkbox"/> First Nations, Metis and/or Inuit	<input type="checkbox"/> Person with a Disability
<input type="checkbox"/> Military Family	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Not a member of these groups

**PARENTAL AUTHORIZATION**

Permission	YES	NO	Initial
My child may participate in surveys for program evaluation	<input type="checkbox"/>	<input type="checkbox"/>	
My child may appear in photographs (printed material, media, internet) used for reporting, publicity purposes and/or promotion of the Boys and Girls Club of Pembroke.	<input type="checkbox"/>	<input type="checkbox"/>	
The Boys and Girls Club of Pembroke staff and/or volunteers may assist my child in the application of sunscreen and/or bug spray if needed	<input type="checkbox"/>	<input type="checkbox"/>	
My child may participate in daily outings and/or walks with the Boys and Girls Club of Pembroke	<input type="checkbox"/>	<input type="checkbox"/>	
My child may be transported by bus, taxi and/or staff vehicle during programs with the Boys and Girls Club of Pembroke	<input type="checkbox"/>	<input type="checkbox"/>	

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 use for 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.

Signature of Mother/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_