

## MEMBER INFORMATION SECTION Office Use

Last Name		First Name				UID #
Gender	Birthday m   m   d   d   y   y   y   y	Age	Grade	School		PM:
Member Primarily Resides With..... (check only one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Shared Custody <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other: _____						

## CONTACT INFORMATION - Note: ALL contacts will have pickup privileges

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

**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?

None apply       Prefer not to Answer

2S & LGBTQIA+       First Nations/Metis/Inuit       Francophone       Military Family

New Canadian       Person with a Disability       Rural Resident       Single Parent       Visible Minority

## 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:
I wish for my child to join BCC Pembroke as a member and give permission for them to participate in our daily walks and outings, to participate in age-appropriate surveys for program evaluation purposes and to be transported by appropriate means of transportation when required. Parents will always be notified in advance of any off-site excursions.	YES	NO	Initials:
I have received the Parent Handbook?	YES	NO	Initials:

In consideration of BGC 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 BGC 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: \_\_\_\_\_