Boys & Girls Club of Kamloops
A good place to be

MEMBER INFORMATION FORM
YOUTH PROGRAMS

Confidentiality:
Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Are you a current member? ☐ Yes ☐ No Since when? _____

Start Date: _____ How did you hear about us? _____

Enrollment request - check all that apply:

- ☐ Youth Drop-in (ages 11 - 18)
- ☐ Nights Alive (ages 13 - 18)
- ☐ Raise the Grade* (ages 12 - 18)
- ☐ Girls Group (ages 11 - 18)
- ☐ Boys Group (ages 11 - 18)
- ☐ Life Skills (ages 11 - 18)

Member Information:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Preferred Names: _____ **Date of Birth (month/day/year):** / /

Height: _____ **Weight (lbs):** _____ **Hair Colour:** _____ **Eye Colour:** _____

Personal Phone: _____ **Email:** _____

School attending: _____ **Grade:** _____

Swimming ability: ☐ Strong Swimmer ☐ Weak Swimmer ☐ Capable Swimmer ☐ Non Swimmer

Gender: ☐ Male ☐ Female ☐ _____

Primary Language spoken: _____ **Other Languages Spoken:** _____

Ethnic origin: _____ **Indigenous People (Please note ancestry):** _____

New Canadians - what date did you arrive in Canada? (month/day/year): _____

Refugee ☐ Yes ☐ No **Military Family** ☐ Yes ☐ No

Member lives with:

- ☐ Both Parents
- ☐ Mother Only
- ☐ Father Only
- ☐ Mother and Stepparent
- ☐ Father and Stepparent
- ☐ Foster Parent
- ☐ Grandparents
- ☐ Guardians
- ☐ Youth Agreement
- ☐ Homeless
- ☐ Other: _____

Is there a custody order involved? ☐ No ☐ Yes **If yes, a custody order MUST be attached.**

Contacts:

1st Contact Parent or Legal Guardian:

Last Name: _____ **First Name:** _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach this person:
- ☐ Home Phone
- ☐ Work Phone
- ☐ Mobile Phone

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Relationship to member: ***(Please check all that apply)***

- ☐ Head of Household
- ☐ Primary Contact
- ☐ Authorized Pickup
- ☐ Emergency Contact
- ☐ Lives With
- ☐ Father
- ☐ Mother
- ☐ Step-parent
- ☐ Foster Parent
- ☐ Guardian
- ☐ Sibling
- ☐ Step-sibling
- ☐ Grandparent
- ☐ Other Family
- ☐ Family Friend
- ☐ Social Worker

2nd Contact Parent or Legal Guardian:

Last Name: _____ **First Name:** _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach this person:
- ☐ Home Phone
- ☐ Work Phone
- ☐ Mobile Phone

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Relationship to member: ***(Please check all that apply)***

- ☐ Head of Household
- ☐ Primary Contact
- ☐ Authorized Pickup
- ☐ Emergency Contact
- ☐ Lives With
- ☐ Father
- ☐ Mother
- ☐ Step-parent
- ☐ Foster Parent
- ☐ Guardian
- ☐ Sibling
- ☐ Step-sibling
- ☐ Grandparent
- ☐ Other Family
- ☐ Family Friend
- ☐ Social Worker

1st Emergency Contact **(Please ensure that at least one emergency contact is not a parent or legal guardian):**

Last Name: _____ **First Name:** _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach this person:
- ☐ Home Phone
- ☐ Work Phone
- ☐ Mobile Phone

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Relationship to member: ***(In addition to checking Emergency Contact, please check all others that apply (eg. Authorized Pickup)***

- ☐ Head of Household
- ☐ Primary Contact
- ☐ Authorized Pickup
- ☐ Emergency Contact
- ☐ Lives With
- ☐ Father
- ☐ Mother
- ☐ Step-parent
- ☐ Foster Parent
- ☐ Guardian
- ☐ Sibling
- ☐ Step-sibling
- ☐ Spouse
- ☐ Partner (common-law)
- ☐ Child
- ☐ Grandparent
- ☐ Other Family
- ☐ Friend
- ☐ Family Friend
- ☐ Boy / Girl Friend
- ☐ Physician
- ☐ Medical/Clinical Professional
- ☐ Social Worker
- ☐ Case Manager / Worker

2nd Emergency Contact **(Please ensure that at least one emergency contact is not a parent or legal guardian):**

Last Name: _____ **First Name:** _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach this person:
- ☐ Home Phone
- ☐ Work Phone
- ☐ Mobile Phone

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Relationship to member: ***(In addition to checking Emergency Contact, please check all others that apply (eg. Authorized Pickup)***

- ☐ Head of Household
- ☐ Primary Contact
- ☐ Authorized Pickup
- ☐ Emergency Contact
- ☐ Lives With
- ☐ Father
- ☐ Mother
- ☐ Step-parent
- ☐ Foster Parent
- ☐ Guardian
- ☐ Sibling
- ☐ Step-sibling
- ☐ Spouse
- ☐ Partner (common-law)
- ☐ Child
- ☐ Grandparent
- ☐ Other Family
- ☐ Friend
- ☐ Family Friend
- ☐ Boy / Girl Friend
- ☐ Physician
- ☐ Medical/Clinical Professional
- ☐ Social Worker
- ☐ Case Manager / Worker

Medical Information:

Health Care Card # (MANDATORY): _____

Physician's Name: _____ **Phone:** _____

Other Involved Professional—Please check all that apply:

- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Social Worker
- ☐ Nurse Clinician
- ☐ Support Worker
- ☐ Probation Officer
- ☐ School Professional
- ☐ Counsellor
- ☐ Child & Youth Mental Health
- ☐ Community Living - BC

Other Professional`s Name: _____ **Phone number:** _____

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Other Professional`s Name: _____ **Phone number:** _____

Do you give the Boys and Girls Club of Kamloops consent to communicate with these professionals if needed?
(If Yes, permission form to release information required) ☐ Yes ☐ No

To the best of my knowledge, the member's immunizations are up-to-date. ☐ Yes ☐ No

PLEASE NOTE: If you answer 'Yes' to any of the following questions, a Care Plan is required.

Does the member have a condition that has been diagnosed by a medical professional? ☐ Yes ☐ No
If Yes, please list the medically diagnosed condition:

Please list any medications the member is taking:

Are Boys and Girls Club of Kamloops staff required to administer? ☐ Yes ☐ No

Are there any health and special considerations that we should be aware of, including behavioural concerns, emotional sensitivities, seizures, vegetarian, etc): ☐ Yes ☐ No
If Yes, please explain:

Are there any physical limitations that we should be aware of ? ☐ Yes ☐ No
If Yes, please explain:

Waivers:

(Please check the appropriate boxes below)

PERMISSION TO TRANSPORT

I give permission for my child to travel in vehicles operated by the Boys & Girls Club of Kamloops for the purposes of field trips. I understand that the van driver is fully qualified to operate Club vehicles and that seatbelt use (where available) will be strictly enforced.

☐ I have read, understand and agree to the above statement.

DROP-IN PROGRAMMING

While attending programs at the Boys and Girls Club of Kamloops, Youth are encouraged to communicate with their parent/guardians regarding their whereabouts. Youth can choose when they come and go from our programs.

☐ I have read, understand and agree to the above statement.

VISUAL IMAGE PERMISSION

I give permission for visual images (photos, video, etc.) of my child to be included in television, print, website promotion, social media, or publicity for and about the Boys & Girls Club activities and events.

☐ I have read, understand and agree to the above statement.
☐ I do not give permission for visual images of my child.

MEDICAL WAIVER

I have fully disclosed, to the best of my knowledge, any physical or health issues that could potentially affect my child's participation in Club programs or activities. I authorize the leader of the program to obtain such medical advice and services as he/she deems necessary for the health and safety of my child. In respect of medical services which requires a consent of parent/guardian, I authorize the leader of the program to provide such consent when all reasonable attempts to contact either me or other parent or guardian of my child has failed, or where due to the nature of the emergency, there is insufficient time to contact me or such other parent or guardian. I accept financial responsibility for all medical costs which exceed coverage provided by the British Columbia Medical Services Plan.

☐ I have read, understand and agree to the above statement.

RELEASE OF LIABILITY

I acknowledge that by contracting with the Boys & Girls Club of Kamloops, I am aware of the risks involved in the activities my minor child will be participating in at the Club. Further, in consideration of him/her being permitted to come onto property owned, leased, or contracted by the Boys & Girls Club and participating in services contracted by myself, in the event of any accident, injury or sickness regarding my child, myself, any spouse of mine, and as parent/guardian of my child, do hereby agree to release and discharge the Boys & Girls Club of Kamloops, its officers, servants, volunteers, and employees from all liability claims, and courses of action of every nature, whatsoever arising out of such use of properties and services contracted by myself, for my child and every member of the group of which my child is a member of.

☐ I have read, understand and agree to the above statement.

AGREEMENT TO FOLLOW GUIDELINES FORM

The Boys & Girls Club of Kamloops operates our Club programs within the terms of our program operations and behavioural guidelines. It is required that all parents/guardians understand and comply with these guidelines. A copy of our Club programs guidelines will be provided upon registration and is available at the John Tod Centre

☐ I agree to read and abide by the Club Programs Guidelines and to direct any questions or concerns that I may have about these guidelines to the Manager of Program Operations.

WHY DO I HAVE TO PROVIDE PERSONAL INFORMATION?

Information is collected for the registration purposes to ensure that we provide a safe and supported environment consistent with the needs of your child(ren).

This organization is supported by a variety of funding sources, such as grants from the United Way. Some of these funding organizations require that we provide demographics reporting, detailing how various groups are served by our organization. The information you provide is completely confidential and collected for group reporting purposes.

Name of Parent/Legal Guardian (please print): _____

Parent /Legal Guardian Signature: _____

Date of Signature: _____

Office Use Only

Referral Date: _____ Start Date: _____ End Date: _____

Membership fees: ☐ PAID ☐ SPONSORED