



Boys & Girls Clubs of Kawartha Lakes

A good place to be

APPLICATION AND REGISTRATION FORM (BOYS & GIRLS CLUBS OF KAWARTHA LAKES)

The following information is required for the registration of a child and to promote the health, safety and wellbeing of each minor participant registered in Club programs/services/activities and ***Mile High Adventures Program*** and/or ***Skateboard Park Program*** (collectively, the "Activities") operated and/or provided by the Boys & Girls Clubs of Kawartha Lakes (the "Club"):

CHILD'S INFORMATION:

Name: _____ Date of Birth: _____ [D/M/Y] Sex: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ Resides with: _____

FAMILY INFORMATION:

Mother's Name: _____

Father's Name: _____

Address: _____
(if different than above)

Address: _____
(if different than above)

Email Address: _____

Email Address: _____

Work Phone: _____

Work Phone: _____

Work Address: _____

Work Address: _____

If there is any custody-related order or agreement affecting your child, or that you wish the Club to be aware of? If so, please provide the Club with a copy and provide details:
_____.

EMERGENCY CONTACT PERSON (OTHER THAN PARENTS ABOVE) DURING CARE:

Name: _____ Phone: _____

Address: _____ City: _____

Relationship to Child: _____

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

MEDICAL INFORMATION:

Does your child have any conditions that may require medical or special attention, which the Club should be aware of (such as, epilepsy, diabetes, allergies, etc.)? If so, please specify:

_____.

Is there any medical treatment or drug or medication that may need to be administered to your child? Please specify: _____. If so, specific and written instructions to the Club for the administration must be provided when your child is registered.

Does your child have any behavioural issues, conditions or disorders of which the Club should be aware? If so, please specify: _____.

_____.

Enrolment date for your child's participation: _____.

EMERGENCY TREATMENT (AUTHORIZATION AND CONSENT): In the event of an emergency illness of, or accident involving, my child, I authorize the Club and/or its representatives to arrange, request and/or obtain emergency and other medical care or treatment for my child and, for such purpose, to disclose my child's personal information. I agree that I will be responsible for any expenses incurred for such emergency care or treatment.

PERSONAL INFORMATION: I understand that I may request from the Club information about the protection and disclosure of my child's personal information, pursuant to applicable provincial and federal laws. I may obtain this information from the Club's Executive Director at any time.

TRAVEL REQUEST AND CONSENT: I give permission for my child to:

- (a) travel on his or her own by foot to and/or from the Club: _____ [Initial if accepted];
- (b) travel, or be transported, by or in the Club's vehicle(s) (van, bus, etc.): _____ [Initial if requested and accepted]; and/or
- (c) travel, or be transported, by or in any other vehicle(s) arranged for, or by, the Club (which may not be operated by the Club or an employee thereof) _____ [Initial if requested and accepted].

SIGN IN/OUT: I acknowledge and accept that children of ages ten (10) to nineteen (19) years attending the Club's "Drop In" programs have sign in and out privileges.

WAIVER OF LIABILITY: I have read and I agree to sign the Club's *Acknowledgement of Risk, Waiver and Release of Liability* as a condition to my child's registration.

I do NOT want information from the Boys & Girls Clubs Foundation _____.

ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me above is complete and accurate.

Parent's and/or Guardian's Signature: _____ Date: _____.

Parent's and/or Guardian's Signature: _____ Date: _____.

Club's Acceptance: _____ Date: _____.