



# Boys & Girls Clubs of Saskatoon

**BGCS Main Office:**

105 – 135 Robin Cres.

Phone: 306-244-7820

Fax: 306-244-0089

Email: [office@bgcsaskatoon.com](mailto:office@bgcsaskatoon.com)Website: [www.bgcsaskatoon.com](http://www.bgcsaskatoon.com)

## Neighbourhood Club Registration Form 2018-2019

- Confederation Park Club: 24 Pearson Place (Bishop Roborecki School)
- Pleasant Hill Club: 215 Ave. S South (Pleasant Hill Community School)
- White Buffalo Club: 602 20<sup>th</sup> St. West (White Buffalo Youth Lodge)

**PARENT/GUARDIAN**  Child's Primary Residence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/GUARDIAN**  Child's Primary Residence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**Child's Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Birthdate & Grade:**mm dd yyyy Agemm dd yyyy Agemm dd yyyy Agemm dd yyyy Age**Health Card #:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Years Registered in Boys & Girls Clubs of Saskatoon:** \_\_\_\_\_

**EMERGENCY CONTACTS:**

These will be the people who are allowed to pick up your child or who will be called if a Parent/Guardian cannot be reached in an emergency. **These contacts *MUST* be different than Parents/Guardians.**

I \_\_\_\_\_ (parent/guardian) give permission to the following individuals to act as **parent designates to pick up my child(ren)** from any of Boys & Girls Clubs of Saskatoon’s Neighbourhood Clubs. I have informed these individuals that they **must present government issued photo ID or that they must present a password each time they come to pick up my child(ren).** I understand that in case of an emergency, I will be the first one called. However, *I also give my permission to BGC Saskatoon to contact the following individuals AFTER contact has failed* with parent designates on the front page of this registration forms.

**Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to this list at any time by filling out the Change of Information form (available at your program site).**

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
-------------------	-----------------------	--------------	--------------

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
-------------------	-----------------------	--------------	--------------

**Please Note:**

**Everyone** picking up children will be asked for your **release password** or for government issued photo ID.

**RELEASE PASSWORD:** \_\_\_\_\_

Club members will be allowed to leave on their own providing that the parent/guardian has indicated that the child has permission to do so.  Yes  No

If no, please provide instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CUSTODY & RELATED COURT ORDERS:**

**NOT APPLICABLE**

If a custody or court order exists, a copy of the order must to be given to Boys & Girls Clubs of Saskatoon. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, Boys & Girls Clubs of Saskatoon cannot deny access to the non-enrolling parent. ***If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child, Boys & Girls Clubs of Saskatoon cannot legally deny access without legal documentation (custody or court order) stating otherwise.***

Please list anyone who is NOT ALLOWED to pick up your child: \_\_\_\_\_

Name & Relationship to Child

I have provided Boys & Girls Clubs of Saskatoon with legal documentation (custody &/or related court order).

\_\_\_\_\_  
Signature & Name (printed)

\_\_\_\_\_  
Date

**Medical Information:**

Child's Name: \_\_\_\_\_

Confederation Club  Pleasant Hill Club  White Buffalo Club

Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Does your child have any of the following conditions?**

ADD  ADHD  FAS  Autism  other disorders: \_\_\_\_\_

Allergies:  Seasonal \_\_\_\_\_  Food \_\_\_\_\_  Insects \_\_\_\_\_  Other \_\_\_\_\_

Does your child carry:  Epi-pen  Inhaler  Other \_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Child's Name: \_\_\_\_\_

Confederation Club  Pleasant Hill Club  White Buffalo Club

Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Does your child have any of the following conditions?**

ADD  ADHD  FAS  Autism  other disorders: \_\_\_\_\_

Allergies:  Seasonal \_\_\_\_\_  Food \_\_\_\_\_  Insects \_\_\_\_\_

Other \_\_\_\_\_

Does your child carry:  Epi-pen  Inhaler  Other \_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

The following information is collected and used solely, on an anonymous basis, for granting and organizational purposes only:

Child's Name: \_\_\_\_\_

Program Name & Location/School: \_\_\_\_\_

Ethnicity:             First Nations                             Metis                             Other: \_\_\_\_\_

New to Canada (have lived in Canada for 5 years or less - date arrived): mm        dd        yyyy \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Military Family:         yes                             no

Family Setting:         Mother & Father                             Mother                             Father  
 Guardian \_\_\_\_\_                             Other \_\_\_\_\_  
*Relationship to Child*

Gender: \_\_\_\_\_

Age Group:         5 yrs & under                             6 – 12 yrs                             13 yrs & over

Family Income:         Up to \$30,000                             \$30,000 to \$50,000  
 \$50,000 to \$75,000                             \$75,000 & over

<p><u>Office use only:</u></p> <p>Administration: <input type="checkbox"/></p> <p>SV: <input type="checkbox"/></p> <p>MC: <input type="checkbox"/></p> <p>Subsidy: <input type="checkbox"/></p> <p>ME: <input type="checkbox"/></p>
---

## Boys & Girls Clubs of Saskatoon Participants Waiver of Liability & Media Consent

Boys & Girls Clubs of Saskatoon takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, Boys & Girls Clubs of Saskatoon, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in Boys & Girls Clubs of Saskatoon programs, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc.

I, \_\_\_\_\_ **(Parent/Guardian)** of \_\_\_\_\_ **(Child)** consent to have my child receive services from Boys & Girls Clubs of Saskatoon and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the Boys & Girls Clubs of Saskatoon program that I have registered my child in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

### ACKNOWLEDGEMENT

The above named child has my permission to participate in program activities as planned by the Boys & Girls Clubs of Saskatoon program that I have registered my child in. I waive my legal rights against Boys & Girls Clubs of Saskatoon for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled while my child is in the program**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### MEDIA RELEASE

I, \_\_\_\_\_ **(Parent/Guardian)** give permission for my child \_\_\_\_\_ to appear in photographs, video and/or audio that may be used in the promotional materials of Boys & Girls Clubs of Saskatoon. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Boys & Girls Clubs of Saskatoon, Boys & Girls Clubs of Canada and/or external partners. **No names will ever be used in association with a child's image without written permission of the parent/guardian.**

By my signature as parent/guardian for \_\_\_\_\_ **(child)** I give permission to Boys & Girls Clubs of Saskatoon to use any image taken during a Boys & Girls Clubs of Saskatoon program for any of the purposes as described above.

\_\_\_\_\_  
Parent/Guardian Name (printed) and Signature

\_\_\_\_\_  
Date

The Boys & Girls Clubs of Saskatoon Participants Waiver of Liability and Media Consent applies to Boys & Girls Clubs of Saskatoon Programs for the 2018/2019 school year.