



***An incomplete form may result in your child not being able to attend the program.

Child Information:

Child's Name: _____

DOB: ____/____/____ Age: ____ Grade (K-6): ____
Month / Day / Year

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

Parent/Guardian (please complete all areas or put none if not applicable)

Parent/Guardian Name: _____ Home/Cell #: _____

Email: _____ Work #: _____

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

Parent/Guardian Name: _____ Home/Cell #: _____

Email: _____ Work #: _____

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

Emergency Contact (someone other than the Parent/Guardian and is within 30 minutes of the program)

Name: _____ Home/Cell #: _____

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

Health Information

Allergies: _____

Medications: _____

*Administration of Medication Form needs to be completed for any medication to be administered during program hours.

Other Medical or Health Information: _____

Immunizations are up to date: Yes No

Out of School Care Programs

Wetaskiwin OSC (5109 - 51 Street) Clubhouse OSC (4705 – 47 Avenue)

After School Programs

Torch (leadership program for ages 10-13) Keystone (leadership program for ages 14-18)

Raise the Grade (academic program for ages 12-19) Friendship Club (cultural program for ages 6-12)

Kid Food Nation (cooking program for ages 7-12) Other _____

Program Fees

All program fees are due on or before the first day of each month, or prior to the scheduled program start date.

*Any bank charges to the agency for Nonsufficient Funds will be applied.

*Any outstanding fees that exceed three (3) months or \$400 may result in suspension of programs and services.

I have ready and understand the program fees policy.

INITIALS _____

Consent to Receive Services

I, _____ (Parent/Guardian) of _____ (Child) consent to have my child receive services from the Boys and Girls Club of Wetaskiwin voluntarily and without coercion or undue influence. I understand that consent may be withheld, given or revoked by the client or guardian at any time. This consent will remain in effect for the duration of the service (Sept 3, 2019 – June 26, 2020). I understand and agree to receive the services delivered as part of the Boys and Girls Club of Wetaskiwin program. Programming activities such as recreational activities and outings involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury, which may result from participating in the above-mentioned activities.

1. Traffic Accident on the van or bus while being transported to and from activities.
2. Youth tripping, falling or injuring themselves while participating in programs.
3. Food allergy/choking while eating snack or lunch
4. A drowning while participating in a swimming activity.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the participant, or the Boys and Girls Club, it employees/agents or the facility where the activity is taking place. By choosing to take part in the Boys and Girls Club programs, you are accepting risk that you /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.

I have been informed of the Grievance Policy and Child Guidance Policy. I understand that if my child discloses an intention to harm themselves or others, provide a disclosure of abuse or if a client’s file is subpoenaed by a court of law, the employee, service provider or volunteer must, by law, report this information to the appropriate authorities. I understand my child’s rights as a member of the Boys and Girls Club of Wetaskiwin. I understand that if my child decides to leave the program and the jurisdiction of the staff and programming area of their own free will and will not cooperate, the Boys and Girls Club of Wetaskiwin will not be held responsible. However, a call will be placed to inform you of the situation. By signing below, consent is given to implement the child guidance practices.

I am aware that the Boys and Girls Club of Wetaskiwin may share information regarding my child’s registration with the Boys and Girls Clubs of Canada and funding agencies of the Boys and Girls Club of Wetaskiwin, if required. By signing this form, I acknowledge that it is complete and if any changes occur, I will update the program as soon as possible.

<p>Art Work, Photos and Video Recordings</p> <p>I give permission for the Boys and Girls Club of Wetaskiwin to display any work product, art work, photos and video recordings of the above-named child within the agency facilities, program spaces, websites, social media sites, and with media outlets for demonstrating impact, recognition and program promotion.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/> In Center Only <input type="checkbox"/></p>

<p>Late Pick-up Policy:</p> <p>The Boys and Girls Club of Wetaskiwin is unable to offer childcare outside of program hours. For participants picked up outside of program hours a fee of TEN DOLLARS (\$10.00) per 15 minutes or part thereof will be charged.</p> <p>I have read the above policy and understand what it means. INITIALS _____</p>
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Release of Liability
I waive my legal rights against the Boys and Girls Club of Wetaskiwin for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled within the City and County of Wetaskiwin**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expenses and ambulance expenses.

Parent/Guardian Signature

Date

Staff Signature

Date