

Child/Youth Name: _____

Gender: Boy/Man Girl/Woman Transgender Non-binary 2 Spirit
 Other Prefer not to answer Specify your own value: _____

DOB: _____ / _____ / _____ School: _____ Grade: _____
Month / Day / Year

Address: _____ City/Town: _____ Postal Code: _____
*If a rural address, the land location is required.

Participant Email (if applicable): _____ Participant Cell # (if applicable): _____

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

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

Address: _____ City/Town: _____ Postal Code: _____
*If a rural address, the land location is required.

Email: _____ Work #: _____

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

Address: _____ City/Town: _____ Postal Code: _____
*If a rural address, the land location is required.

Email: _____ Work #: _____
*If a rural address, the land location is required.

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

Emergency Contact 1: _____ Home or Cell #: _____

Other Persons permitted to pick up (first and last name): _____

Out of School Care Programs (ages 5-12; Kindergarten to Grade 6)

- Clubhouse OSC (4705 – 47 Avenue) Wetaskiwin OSC (5109 - 51 Street)
 Great Start Before School Program *not licenced (5109 - 51 Street)

Out of School Program Fees Policy

All OSC 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 read and understand the program fees policy. INITIALS _____

Late Pick-up Policy:

The BGC 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.

I have read the above policy and understand what it means. INITIALS _____

Youth Development Programs

- Torch (ages 10-13) Lead Up (ages 14+) Thrive (ages 13+)
 Kid Food Nation (cooking program for ages 7-12) Youth Drop-in (ages 13+)
 RBC Raise the Grade (academic program for ages 12+) Other _____

Health Information

Allergies: _____

Medications: _____

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

Other Medical or Health Information: _____

Consent to Receive Services

I, _____ (Parent/Guardian) of _____ (Child/Youth) consent to have my child/youth receive services from the BGC 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 1, 2022 – August 31, 2023). I understand and agree to receive the services delivered as part of the BGC 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. Child/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 BGC Wetaskiwin, it employees/agents or the facility where the activity is taking place. By choosing to take part in the BGC Wetaskiwin programs, you are accepting risk that you/your child/youth 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 Guiding Behavior Policy. I understand that if my child/youth 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/youth’s rights as a member of BGC Wetaskiwin. I understand that if my child/youth decides to leave the program and the jurisdiction of the staff and programming area of their own free will and will not cooperate, the BGC Wetaskiwin will not be held responsible. However, a call will be placed to inform me of the situation. By signing below, consent is given to implement guiding behaviour practices.

I am aware that the BGC Wetaskiwin may share information regarding my child/youth’s registration with BGC Canada and funding agencies of BGC 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.

Art Work, Photos and Video Recordings

I give permission for the BGC 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.

YES NO In Center Only

Release of Liability

I waive my legal rights against the BGC 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, and ambulance expenses.

Parent/Guardian Signature

Date

Staff Signature

Date