



Membership Form

This form is to be filled out for any child/youth participating in a Boys & Girls Club of Cochrane & Area program. All information is received and dealt with in strict confidence and required to ensure positive and safe care. Please print in ink. Thank you.

Member Information

Child's First Name(s): _____ Child's Last Name: _____
Name child prefers to be called: _____ Date of Birth: DD/MM/YYYY Age: _____ Male/Female: _____
Mailing Address: _____ P/Code: _____
School: _____ Grade: _____ Swim Level Completed: _____

Program(s) child is registering for: _____

Parent(s)/Guardian(s)

First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Physical Address: _____	Physical Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Address: _____	Work Address: _____
Email: _____	Email: _____
Permission to pick up Y / N (please circle)	Permission to pick up Y / N (please circle)
Are there any parent restrictions? (please provide copy of court order if applicable): _____	

Emergency Contacts (Parents **cannot** be considered emergency contacts. If we are unable to reach a parent we will use the emergency contacts listed below. A **minimum** of **two** emergency contacts are required for registration to be accepted.)

First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Physical Address: _____	Physical Address: _____
Phone: _____	Phone: _____
Alt. Phone: _____	Alt. Phone: _____
Permission to pick up Y / N (please circle)	Permission to pick up Y / N (please circle)

Additional Persons permitted to pick up your child: (Photo ID will be required unless known to staff)

First & Last Name: _____ Phone: _____
Relationship: _____ Physical Address: _____

Any persons **not** permitted to pick up: _____

My child is over 12 years old and I give my permission for them to leave the program on their own each day.

Parent Signature _____ Date _____



Medical Information

Child's First Name(s): _____ Child's Last Name: _____
 Alberta Health Care #: _____ Date of Birth: DD/MM/YYYY Age: _____ Male/Female: _____
 Physician: _____ Clinic Address: _____ Physician Tel: _____

Medical/health concerns that may inhibit participation in any aspects of the program (E.g. asthma, injury, illness or recurring illness, major operations etc.): _____

Immunizations

My child's immunizations are up to date Y / N (please circle)
 If not please list the last date your child had immunizations: _____

Allergies

Please list any medications, foods, environmental or other allergies your child may have. In addition, please describe what a reaction looks like and typical treatments (E.g. remove allergen, administer Epi-Pen etc.). If your child has a severe reaction, please list allergen, last reaction date and treatment.

Allergen/Sensitivity	Reaction	Treatment	Last Know Date of Reaction & Treatment

Scars or other body markings (list location) _____

Special Needs/Requirements or Fears

Administering of Medication & Herbal Treatments

Does your child have medication that needs to be administered by our staff during program? **Y / N (please circle)**

Does your child have medication that they self-administer during program? **Y / N (please circle)**

If you have answered yes to the either of the above questions please complete the consent forms included.

Please initial the following statements, giving your consent:

_____ In the event of injury or illness of my child, I give BGCCA staff permission to administer First Aid
 _____ In the event of an emergency where medical assistance is required, I give BGCCA staff permission to follow their Emergency Medical Policy ensuring the safety and care of my child as necessary, including but not limited to administering First Aid and calling 911. In the event that an ambulance is called, I the parent will be directly responsible for any charges/fees that apply.

 Parent Signature

 Date



Administering of Medical or Herbal Treatments by BGCCA Staff

Note: If this does not apply to your child, please indicate N/A with your initials in both the Child's First Name and 1st Medication Name fields.

Child's First Name(s): _____ Child's Last Name: _____
Name child prefers to be called: _____ Date of Birth: DD/MM/YYYY Age: _____ Male/Female: _____

Form must be updated at a minimum every 6 months or whenever there are medical changes.

1st Medication Name: _____

Reason for Medication: _____

Duration: (Prescription length, emergency use etc.) _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Dose					
Time					
Dose					
Time					
Dose					

2nd Medication Name: _____

Reason for Medication: _____

Duration: (Prescription length, emergency use etc.) _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Dose					
Time					
Dose					
Time					
Dose					

I _____ (parent/guardian name) consent to the above medication or herbal remedy(s) to be administered at the dates and times specified. The medication is in its original labeled container and the medication has been instructed to be administered as per the labeled instructions.

Parent Signature

Date



Self Administering of Medical or Herbal Treatments by Child/Youth

Note: If this does not apply to your child, please indicate N/A with your initials in both the Child's First Name and 1st Medication Name fields.

Child's First Name(s): _____ Child's Last Name: _____

Name child prefers to be called: _____ Date of Birth: DD/MM/YYYY Age: _____ Male/Female: _____

Form must be updated at a minimum every 6 months or whenever there are medical changes.

I _____ (parent/guardian name) request and authorize my child _____ to self-administer his/her medication while attending BGCCA. In understand and agree to:

1. Assume responsibility for sending my child's medication in its original labeled container
2. Make certain that my child takes responsibility for taking the medication as prescribed and keeping it away from other children.

Parent Signature

Date

1st Medication Name: _____

Reason for Medication: _____

Duration: (Prescription length, emergency use etc.) _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Dose					
Time					
Dose					
Time					
Dose					

2nd Medication Name: _____

Reason for Medication: _____

Duration: (Prescription length, emergency use etc.) _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Dose					
Time					
Dose					
Time					
Dose					

I _____ (parent/guardian name) consent to the above medication or herbal remedy(s) to be administered at the dates and times specified. The medication is in its original labeled container and the medication has been instructed to be administered as per the labeled instructions.

Parent Signature

Date



Portable Record Information

(this must be kept up to date at all times)

Child's Name:	DOB:
Address:	School:
Mother's Name:	Father's Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Work Address:	Work Address:
E-mail:	E-mail:
Permission to pick up:	Permission to pick up:
Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone:	Phone:
Alt Phone:	Alt Phone:
Permission to pick up:	Permission to pick up:
Additional Persons Permitted to pick up:	
Child's Health Information	
AB Health Number:	Are the child's immunizations up to date? y/n
Physician:	Allergies:
Clinic Address:	Additional Medical/Health Information:
Physician Phone:	



Distal Supervision

****Please fill out the following Distal Supervision form if your child is enrolled in Grade 5 or Grade 6 for the 2016/2017 school year****

Distal supervision is defined as intermittent direct supervision (every ten minutes or less) by a staff where there is a planned, location specific, time limited program activity. The goal of distal supervision is to enhance a child's ability to function responsibly and independently of direct adult supervision. Distal supervision in our program is for grades five and six only with the written consent of parents/guardians. The staff have the right to choose at anytime that a child be removed from distal supervision either temporary or permanently, informing the parent/guardian of their decision.

The program that your child is enrolled in will continue to have a certified staff member enforcing supervision at all times. However, Distal Supervision will enable the opportunity for staff to move between the Roger's room, kitchen, bathroom, office areas and main room freely to support children engaging in different activities.

I _____ give permission for my child _____ to be a part of the
(Parent/guardians name) (Child's name)

Boys and Girls Club of Cochrane and Area's Distal Supervision Policy is valid from September 1st, 2016 until August 31st, 2017.

Parent Signature

Date



Parental/Guardian Consent

Please initial all that apply:

- _____ I give permission for the BGCCA to care for my child
- _____ Where applicable, I give permission for the BGCCA to provide snack to my child in accordance with Canada Food Guidelines
- _____ I give permission for my child to leave the BGCCA for walking field trips under the supervision of BGCCA staff
- _____ I give permission for my child to play with all the equipment and materials in the program
- _____ I give permission for the BGCCA to transport my child to and from school or field trips in an approved vehicle and follow emergency procedures in case of an emergency
- _____ I give permission for the BGCCA staff to assist in applying sunscreen & bug spray to my child
- _____ I give permission for the my child to toboggan/sled with the BGCCA in Cochrane, provided they wear a helmet
- _____ I give permission for BGCCA staff to evacuate my child to Big Hill Leisure Pool (5th Ave) or Glenbow School (Glenbow) if an emergency should arise in the BGCCA facility. In case of an evacuation, parents will be notified once the evacuation process has been completed
- _____ I give permission for the BGCCA to use images (photos, videos) of my child for the purpose of supporting BGCCA activities and programs. This may include public venues, BGCCA website and social media sites, local media and news stories. Full names of children are not disclosed at any time.

Parent Signature

Date

Membership Form Checklist:

- Current contact information completed in full
- Emergency contact information for two individuals, including physical addresses
- Permissions checked/initialed
- Medical concerns listed
- Alberta Health Care # provided
- Program registering for has been indicated
- All pages have been read and signed

Should any contact numbers or addresses change (including once your child leaves the program) please provide updated information to the BGCCA Team Lead. Official Tax Receipts (if applicable) will be sent to the addresses we have on file at the start of the following calendar year.



Boys and Girls Club of Cochrane & Area Code of Conduct

A positive and safe environment is essential for members to succeed. A positive environment means everyone feels they are welcome and respected. All members, parents, volunteers and staff have the right to be safe, and feel safe, in their Club. With this right comes the responsibility for everyone to be accountable for their actions and contribute to a positive environment.

The Boys and Girls Club of Cochrane & Area is dedicated to provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life. As a parent/ guardian of a Boys and Girls Club of Cochrane & Area participant all members and parents/ guardians are required to abide by the Code of Conducts and behave in a fashion that promotes themselves and their Club in a positive manner.

Boys and Girls Club of Cochrane & Area parents/ guardians and members will:

- Treat members, parents, staff, volunteers and others with respect, courtesy and consideration.
- Avoid and prevent put-downs, insults, name-calling, yelling and other verbal and non-verbal conduct likely to offend, hurt or set a bad example.
- Help to create a safe environment, not carelessly or intentionally harming children/ youth or adults in any way: verbally, mentally, or physically.
- Resolve conflicts in a way that is civil and respectful, without using violence. Physical aggression is not a responsible way to deal with other people. No one should use physical aggression to injure another person, or even threaten to injure another person. This is unacceptable and puts everyone's safety at risk.
- Follow Boys and Girls Club of Cochrane & Area policies and procedures when your child/ youth is participating in any Boys and Girls Club of Cochrane & Area program/ event.

The Boys and Girls Club of Cochrane & Area is committed striving to be free from bullying, racism, sexual harassment, substance abuse and disrespectful behavior displayed by the members or parents/ guardians towards others. Staff and volunteers are to take preventative measures at all times and are to intervene appropriately as required. Cases that cannot be resolved may result in removal of a non-compliant participant or parent/ guardian from a program or facility.

I have read and understand the Boys and Girls Club of Cochrane & Area Parent Code of Conduct. I agree to abide by the rules stated above.

Parent/ Guardian name: _____ Date: _____

Parent/ Guardian signature: _____

BGCCA Staff Signature: _____ Date: _____