



Each field in the form provided is mandatory; optional fields are indicated by an asterisk (*). Youth membership forms are for youth aged 10-17 years old.

Parent(s)/Guardian(s)

Name of Parent/Guardian Registering Youth (First & Last): _____
Relationship: _____
Mailing Address: _____ Town: _____ Province: _____ PC: _____
Is your physical address different from your mailing address? Y N
Physical Address: _____ Town: _____ Province: _____ PC: _____
Primary Phone: _____
*Alternate Phone: _____
*Work Phone: _____
*Physical work address: _____ Town: _____ Province: _____ PC: _____
Email: _____

To continue to keep costs low for child/youth programs, grants, donations and volunteer support are integral to the BGCCA. There will be occasions throughout the year that we will ask for your support in either fundraising or volunteering opportunities. Examples include selling raffle tickets, casino nights, attending a field trip(s) as a parent volunteer or volunteering for events.

- Yes, I am willing to be contacted regarding volunteer opportunities to help and support the BGCCA.
- Yes, I may be able to donate items or services as part of BGCCA fundraising efforts (i.e. for events like Silent Auctions) and I give permission for the BGCCA to contact me when the opportunity to donate arises.

Parent/Guardian 2: _____

Is Parent/Guardian 2's address different: Y N
Mailing Address: _____ Town: _____ Province: _____ PC: _____
Primary Phone: _____
*Alternate Phone: _____
*Work Phone: _____
*Email: _____
Permission to pick up Y N
Are there any parent restrictions? Y N
Attach a copy of the court order: _____

Emergency Contacts

*Emergency contacts **cannot be parents** and **must reside within a 1 hour drive of Cochrane** to ensure that in the event of an emergency where parents are unable to be reached, the emergency contacts can arrive in a timely manner.*

First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Physical Address: _____	Physical Address: _____
Primary Phone: _____	Primary Phone: _____
*Alternate Phone: _____	*Alternate Phone: _____
*Work Phone: _____	*Work Phone: _____
*Work Address: _____	*Work Address: _____
Town: _____ Province: _____ PC: _____	Town: _____ Province: _____ PC: _____
*Email: _____	*Email: _____
Does this contact have permission to pick up? Y <input type="checkbox"/> N <input type="checkbox"/>	Does this contact have permission to pick up? Y <input type="checkbox"/> N <input type="checkbox"/>



Youth Information

Youth First Name(s): _____ Youth's Last Name: _____
Name Youth prefers to be called: _____ Date of Birth: DD/MM/YYYY Age: _____
Gender your child identifies with: _____
School: _____ Grade: _____

Program(s) child is registering for (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Youth Drop-in | <input type="checkbox"/> Junior Chef |
| <input type="checkbox"/> Torch Club | <input type="checkbox"/> Game Tech |
| <input type="checkbox"/> Legacy Gift of Music | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rogers Raising the Grade | |

Please note that any youth participating in our drop-in program (youth must be between the ages of 13-17) are free to come and go as they please. Our staff members do not have permission to force a youth to stay at our 111 5th Ave Club location. Youth are expected to communicate their location to their parent or guardian.

How many youth are you registering for programs? _____

Are you a current member (for Sept 1, 2016 – Aug 31, 2017 year)? Y N

What is your membership number? _____

What Type of Membership would you like?

- Individual Membership (\$10/child)
- Family Membership (\$25/family)

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

First & Last Name: _____ Phone: _____
Relationship: _____ Alternative Phone: _____
Physical Address: _____ Town: _____ Province: _____ PC: _____

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

Youth Medical Information

Alberta Health Care #: _____ Physician: _____

Does your child have any medical or health concerns that may inhibit participation in any aspects of the program (e.g. asthma, injury, illnesses, major operations etc.)? Y N

Please list the concerns staff should be aware of: _____

Does your child have any allergies (food, drug or environmental)? Y N

Please list the allergies staff should be aware of: _____



Parental/Guardian Consent

Please initial all that apply:

_____ 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 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 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) 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

The following information is collected solely for statistical purposes for the BGCCA and Boys & Girls Clubs of Canada. The answers to these questions will in no way impact your child's care, eligibility for programs and are not shared with anyone outside of the BGCCA Administration team. All information collected follows the BGCCA Privacy Policy.

- Does your child have any exceptional needs/challenges (including learning, intellectual, physical, emotional or psychological)? Yes No
- Is English the second language for your child? Yes No
- Is your child a new Canadian (immigrants living in Canada for 5 years or less)? Yes No
- Is your child a refugee? Yes No
- Is your child from a First Nations family? Yes No
- Is your child from a Military family? Yes No
- Is your child in Foster Care or Group Homes? Yes No



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 (BGCCA) 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 BGCCA 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.

BGCCA 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 BGCCA policies and procedures when your child/youth is participating in any BGCCA program(s)/event(s).

The BGCCA is committed to being 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.

Parent/Guardian: _____

Date: _____

- I have read and understand the Boys & Girls Club of Cochrane & Area Code of Conduct. I agree to abide by the rules stated above and ensure my child(ren) understand(s) and abides by the rules stated above.
- By checking this box I, _____, certify that the above information is true and accurate to the best of my ability and agree to BGCCA's terms and conditions. If any changes occur to the above information I will let BGCCA Administration know, *in writing*, expeditiously.