

<b>Location:</b> Mundy Pond B	uckmaster's Circle	Returning Member: Yes No				
Member's First Name:	Member's Middle Name:	Member's Last Name:				
Member's Birth Date (Day/Month/Year):	Member's Age:	Gender: Male Female				
School Attending:	School Grade:	Non-binary Other				
Member's Home Address:		Town/City:				
Postal Code: Ho	ome Phone Number:	Cell Phone Number:				
MCP:		swim: Yes (can swim unassisted in deep end) No (needs assistance when can't touch)				
List all medical/behavioral history (asthma, allergies, ADHD, etc.):						
Medications your child is currently taking and administrating directions:						
,	, ,					
Required to take medication while at Club/permission to administer:						
Yes No	••					



Parent/Guardian Information	1:			
Parent/Guardian Name:	R	elationship with	member	Single:
				Yes No
Home Address:  Same as registrant (if yes	s, you do not have to fill	l out below addr	ess)	
Home Address:		Town/City:		Postal Code:
Home Phone:	Work Phone:		Cell Phone:	
Email Address:				
Parent/Guardian Name:	R	elationship with	member	Single: Yes No
Home Address:  Same as registrant (if yes	s, you do not have to fill	l out below addr	ess)	NO
Home Address:		Town/City:		Postal Code:
Home Phone:	Work Phone:		Cell Phone:	
Email Address:				



Additional Emergency Contact Info	ormation:				
Emergency Contact Name:		Relationship with	member:	Can pick up my child from club:	
Home Phone:	Work Phone:		Cell Phone:		
Emergency Contact Name:		Relationship with	member:	Can pick up my child from club:	
				Yes No	
Home Phone:	Work Phone:		Cell Phone:		
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Walk Consent:					
I wish to allow my child to depart from the Boys and Girls Clubs of St. John's programs without being accompanied by a parent/guardian.					
I fully accept all responsibility for my child's safety once programming has finished. I agree to indemnify and hold harmless the Boys and Girls Clubs of St. John's from any loss, injury, claim, damage, accident, or cost, which may result from my child's departure					
Yes No					
Pick Up					
Fill out below if you did <i>not</i> give walk consent. Only include names not listed in emergency contacts					
Pick up Name:		Relationsh	ip:		
Pick up Name:		Relationsh	ip:		
Pick up Name:		Relationsh	ip:		



Media Consent:	
I give consent to have videos/photos/film/audio of my child red (ex. Mewspapers, Facebook, program brochures, promtional vi Canada and its member clubs, and/or external partners.	•
I accept I decline	
Rules of Conduct:	
<ol> <li>No fighting, bullying, stealing, vandalism of any kind</li> <li>No foul language and/or rude behaviour</li> <li>Smoking is not permitted in or around the Club</li> <li>No junk food. We are proud to be junk food free</li> <li>All personal electronic devices are to be kept in school</li> <li>The Boys and Girls Clubs are not responsible for lost of valuables to Club</li> </ol>	_
Payment/Subsidy:	
The cost of our Afterschool Program is \$5 per day attended, ev Camps are \$20 per day, and weekly camps are \$95 per week. V apply for by request. In oder to apply for our subsidy, we requi Assessment from the Canadian Revenue Agency for all contributinformation please contact:	We have a subsidy program families can re your 2017 Option C or Notice of
Mundy Pond Unit: Vickie Doyle 579-0181 ext. 301 or vdoyle@ Buckmaster's Circle Unit: Chantelle Bennett 579-0181 ext. 201	
Payment can be made at the end of every month, once you rec payment are cash, credit, debit, cheque, or email transfer. Cred automatically charged monthly.	
Waiver:	
I give permission for my child to attend and take part in all active Boys and Girls Clubs of St. John's programs. I further understangules and regulations, the Club has the right to revoke this men	nd that if my child does not adhere to the
I, the undersigned, do hereby waive all claims against the Boys representatives for any accident or injury that may occur to the provided proper supervision has been given.	
Parent/Guardian Signature	