



## 2020-2021 Registration Form

Location: Mundy Pond

Buckmaster'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

Non-binary

Other \_\_\_\_\_

School Attending:

School Grade:

Member's Home Address:

Town/City:

Postal Code:

Home Phone Number:

Cell Phone Number:

MCP:

Can 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 administering directions:

Required to take medication while at Club/permission to administer:

Yes

No



## 2020-2021 Registration Form

**Parent/Guardian Information:**

**Parent/Guardian Name:**

**Relationship with member**

**Single:**

Yes

No

**Home Address:**

**Same as registrant** (if yes, you do not have to fill out below address)

**Home Address:**

**Town/City:**

**Postal Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Parent/Guardian Name:**

**Relationship with member**

**Single:**

Yes

No

**Home Address:**

**Same as registrant** (if yes, you do not have to fill out below address)

**Home Address:**

**Town/City:**

**Postal Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**



**Additional Emergency Contact Information:**

<b>Emergency Contact Name:</b> <input type="text"/>	<b>Relationship with member:</b> <input type="text"/>	<b>Can pick up my child from club:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b> <input type="text"/>	<b>Work Phone:</b> <input type="text"/>	<b>Cell Phone:</b> <input type="text"/>

<b>Emergency Contact Name:</b> <input type="text"/>	<b>Relationship with member:</b> <input type="text"/>	<b>Can pick up my child from club:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b> <input type="text"/>	<b>Work Phone:</b> <input type="text"/>	<b>Cell Phone:</b> <input type="text"/>

**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 **not** give walk consent. Only include names not listed in emergency contacts

<b>Pick up Name:</b> <input type="text"/>	<b>Relationship:</b> <input type="text"/>
--	--

<b>Pick up Name:</b> <input type="text"/>	<b>Relationship:</b> <input type="text"/>
--	--

<b>Pick up Name:</b> <input type="text"/>	<b>Relationship:</b> <input type="text"/>
--	--



**Media Consent:**

I give consent to have videos/photos/film/audio of my child recorded and used in promotional materials (ex. Newspapers, Facebook, program brochures, promotional video, etc.) of the Boys and Girls Clubs of Canada and its member clubs, and/or external partners.

I accept       I decline

**Rules of Conduct:**

1. **No fighting, bullying, stealing, vandalism of any kind**
2. **No foul language and/or rude behaviour**
3. **Smoking is not permitted in or around the Club**
4. **No junk food. We are proud to be junk food free**
5. **All personal electronic devices are to be kept in school bags or left at home**
6. **The Boys and Girls Clubs are not responsible for lost or stolen items. Please do not bring valuables to Club**

**Payment/Subsidy:**

The cost of our Afterschool Program is \$20 per week, evening programs are \$10 per month, Day Camps are \$20 per day, and weekly camps are to be determined. We have a subsidy program families can apply for by request. In order to apply for our subsidy, we require your 2019 Option C or Notice of Assessment from the Canadian Revenue Agency for all contributing parents/guardians. For more information please contact:

**Mundy Pond Unit: Vicki Doyle 579-0181 ext. 301 or [vdoyle@bgcstjohns.ca](mailto:vdoyle@bgcstjohns.ca)**  
**Buckmaster's Circle Unit: Melissa Slaney 579-0181 ext. 204 or [mslaney@bgcstjohns.ca](mailto:mslaney@bgcstjohns.ca)**

Payment can be made at the end of every month, once you receive your invoice via email. Options for payment are cash, credit, debit, cheque, or email transfer. Credit cards can be kept securely on file and automatically charged monthly.

**Waiver:**

I give permission for my child to attend and take part in all activities and outings associated with the Boys and Girls Clubs of St. John's programs. I further understand that if my child does not adhere to the rules and regulations, the Club has the right to revoke this membership.

I, the undersigned, do hereby waive all claims against the Boys and Girls Club's of St. John's and its representatives for any accident or injury that may occur to the person named and his/her property, provided proper supervision has been given.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**