



Boys & Girls Clubs  
of Calgary



## WHY SHOULD YOU JOIN THE CLUB?

Creative, fun programs! Summer day camps! Reduced camp and day camp fees!  
Scholarships and awards! Work at Stampede, Camp, and Day Camp!  
Club special events! Computers, resume writing, and job search services!  
Support services and referrals to resources!  
Sporting events, performing arts events, and movies!  
Be a bigger part of the community! Access other Boys and Girls Clubs locations!

Club \_\_\_\_\_

How did you find out about Boys and Girls Clubs of Calgary (BGCC)?

- Mail-out of program information
- Phone call from Club staff
- Club poster
- School presentation
- School newsletter
- School poster
- Community newsletter
- Community meeting
- Word of mouth
- Referred by a social services staff person/agency
- Other: \_\_\_\_\_

Did your child attend a BGCC Summer Day Camp Program this summer?

- Yes     No    If no, why not: \_\_\_\_\_

Are you a new member to BGCC?

- Yes     No

Are you registering for Out of School Care?

- Yes     No

This personal information collected on the Registration Form attached is being collected under the provisions of the Personal Information Protection Act, SA 2003 c. p-6.5. Submission of the Registration Form indicates your consent to the collection, use and disclosure of personal information by Boys and Girls Clubs of Calgary, Calgary, Alberta. For information about Boys and Girls Club's Privacy Policy contact the Privacy Officer at 520-1520.



Boys & Girls Clubs  
of Calgary

# MEMBERSHIP FORM

PLEASE PRINT CLEARLY

## PARTICIPANT INFORMATION

First Name	Last Name	Middle Name
Address		Postal Code
Home Phone #		Cell Phone #
D.O.B. (yyyy/mm/dd)	Age	Sex: Male [ ] Female [ ]
School Name		Grade

## PARENT/GUARDIAN INFORMATION

Child Resides With:			
Mother [ ]	Father [ ]	Both [ ]	Guardian [ ]
<b>Mother/Guardian Name</b>		<b>Father/Guardian Name</b>	
Address		Address	
Postal Code		Postal Code	
Phone #		Phone #	
Work Phone Number		Work Phone Number	
Are You Registering As A Member Too?		Are You Registering As A Member Too?	
Yes [ ] No [ ]		Yes [ ] No [ ]	

## EMERGENCY CONTACT (Other than parent/guardian)

First Name	Last Name
Address	Postal Code
Relationship To Child/Youth	Phone #

## PARTICIPANT'S MEDICAL INFORMATION

Health Care Card #	
Physician's Name	Physician's Phone #
Identify any special needs your child/youth may have including physical, emotional, and/or behavioural conditions, allergies, or food restrictions.	
List all medications your child/youth is presently taking.	
Are Child/Youth's Immunizations Up To Date? Yes [ ]      No [ ]	

## PARTICIPANT PICK-UP AND IN/OUT PRIVILEGES

\*(Please fill out for children age 12 and under).

I give permission for my child to have in/out privileges at the Club, which includes walking home on their own.

Yes [ ]      No [ ]

If NO, please list up to 3 individuals who may pick up your child.

1. First Name	Last Name
Address	Postal Code
Home Phone #	Alternate Phone #

2. First Name	Last Name
Address	Postal Code
Home Phone #	Alternate Phone #

3. First Name	Last Name
Address	Postal Code
Home Phone #	Alternate Phone #

## PARENTAL AUTHORIZATION

Indicate your permission for the following and initial beside your response.

My child/youth may participate in surveys for program evaluation. Yes [ ] No [ ]	Initials _____
Photographs of my child/youth may be used for publicity purposes. Yes [ ] No [ ]	Initials _____

## FOR STAFF USE ONLY

Returning Member Yes [ ] No [ ]	Membership Card Given Yes [ ] No [ ]	Amount Paid: _____ Amount Owing: _____
Payment Type Cheque [ ] Number _____ Cash [ ] Payment Plan [ ] Visa [ ] Mastercard [ ]		
Receipt Number _____	Staff Person Completing Form _____	

## ADDITIONAL CHILDREN/YOUTH INFORMATION

### ADDITIONAL PARTICIPANT INFORMATION

First Name	Last Name	Middle Name
Address		Postal Code
Home Phone #		Cell Phone #
D.O.B. (yyyy/mm/dd)	Age	Sex: Male [ ] Female [ ]
School Name		Grade

### PARTICIPANT'S MEDICAL INFORMATION

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Physician's Name	Physician's Phone #
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Payment Type Cheque [ ] Number _____ Cash [ ] Payment Plan [ ] Visa [ ] Mastercard [ ]		
Receipt Number _____	Staff Person Completing Form _____	

**PARTICIPANT RISK ACKNOWLEDGEMENT,  
RELEASE OF PERSONAL AND MEDICAL INFORMATION AND  
RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK**

Our goal is to provide a safe experience for all participants registered in programs offered by the Boys and Girls Clubs of Calgary. Our programs however, may include elements of risk and you, and/or, as the parent(s) or legal guardians of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk, before or at the time of enrollment in any Boys and Girls Clubs of Calgary program. ***We believe in the informed consent of the participant(s) and/or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during our programs.***

Risks or dangers identifiable and unforeseen in the Club Programs at Boys and Girls Club include loss and/or damage of personal property. Injuries may occur when your child participates in activities such as sports programs, dances, bike riding, swimming, hiking. Inclement weather, plant allergies, insect bites and allergies, food allergies, are other possible risks. There are also risks inherent and unforeseen when traveling to and from a Program outing, which may include mishaps during transportation.

***I have read and clearly understand that there are identifiable and unforeseen risks or dangers to the Club Programs at Boys and Girls Clubs of Calgary:***

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**(Participant's signature or parent/legal guardian signature if participant is under 18 yrs.)**

Enrollment in a Club Program is your acknowledgement and acceptance of the risks or dangers that may occur during the program and thereby you, and/or as the parent(s) or legal guardian(s) of participants are deemed to have accepted the risks or dangers of this program.

In consideration of my, and/or my child(ren) or charge's participation in this program, I agree and acknowledge that:

1. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in a Club Program offered by Boys and Girls Clubs of Calgary.
2. I freely and voluntarily release and discharge Boys and Girls Clubs of Calgary, its employees, Directors, Officers, agents, instructors, volunteers, counsellors and camp leaders from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of Boys and Girls Clubs of Calgary, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a Club Program.
3. I waive any claim I may have against Boys and Girls Clubs of Calgary arising from my and/or my child(ren)'s or charge(s)' participation in the program and I will indemnify and save harmless Boys and Girls Clubs of Calgary, its agents, employees, Directors, Officers, instructors, volunteers, counsellors and camp leaders for any claim, except negligence as defined by law on the part of Boys and Girls Clubs of Calgary.
4. I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are

risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by Boys and Girls Clubs of Calgary should a suit be launched on my child's or charge's behalf, except in the case of negligence as defined by law on the part of Boys and Girls Clubs of Calgary.

5. Boys and Girls Clubs of Calgary, including its agents, employees, volunteers, instructors, camp leaders and counsellors, may collect, use, retain and disclose my child(ren) and/or charge(s)' and my personal information where in its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant. For example, disclosure of personal information to third parties may occur in the event of accident, sickness, counselling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts. The retention period for this personal information is seven (7) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed.
  
6. Boys and Girls Clubs of Calgary may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child's or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceeds coverage by Alberta Health Care. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises and if not available then as soon as is reasonably possible.
  
7. I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING the Participant Risk Acknowledgement, Release of Personal and Medical Information and Release, Waiver of Claim and Assumption of Risk, and voluntarily accept and assume the risks or dangers inherent, identifiable and/or unforeseen in a Club Program offered by Boys and Girls Clubs of Calgary, including personal injury and property loss, except in the case of negligence as defined by law on the part of Boys and Girls Clubs of Calgary.

**I give my informed consent to the terms and conditions of this document.**

Participant(s) Full Name:
Signature of Parent/Legal Guardian (if under 18 years):
Witness or Staff Signature
Witness or Staff Name (print)
Dated at Calgary, Alberta: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>

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### September 2009 - August 2010

Please take the time to complete the following information that will be used to help BGCC improve our services. Completion of this form is voluntary and all information will be kept confidential (Club staff will not have access to this information).

Date \_\_\_\_\_

Club \_\_\_\_\_

What community do you live in? \_\_\_\_\_

**Gender/age of participant(s)**

- male: age \_\_\_\_\_
- male: age \_\_\_\_\_
- male: age \_\_\_\_\_
- male: age \_\_\_\_\_

- female: age \_\_\_\_\_
- female: age \_\_\_\_\_
- female: age \_\_\_\_\_
- female: age \_\_\_\_\_

**Ethnicity of your family:**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> African     | <input type="checkbox"/> First Nations               |
| <input type="checkbox"/> Caucasian   | <input type="checkbox"/> Filipino                    |
| <input type="checkbox"/> Chinese     | <input type="checkbox"/> Latin American              |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Arab/West Asian             |
| <input type="checkbox"/> Japanese    | <input type="checkbox"/> Vietnamese                  |
| <input type="checkbox"/> Korean      | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Metis       |  |

**Family/parent status:**

- Birth - two parents
- Common law
- Single parent:       mother       father
- Blended
- Guardianship

Number of family members living in the family residence \_\_\_\_\_

**Combined Family Income (before tax)**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0.00 to \$16,400   | <input type="checkbox"/> \$35,401 to \$38,400 |
| <input type="checkbox"/> \$16,401 to \$22,400 | <input type="checkbox"/> \$38,401 to \$41,400 |
| <input type="checkbox"/> \$22,401 to \$28,400 | <input type="checkbox"/> \$41,401 to \$45,500 |
| <input type="checkbox"/> \$28,401 to \$32,400 | <input type="checkbox"/> \$45,501 to \$50,000 |
| <input type="checkbox"/> \$32,401 to \$35,400 | <input type="checkbox"/> Over \$50,001        |

**Thank-you .... please fold in half and deposit in the "survey box".**



**Dear Parent/Guardian**

Thank you very much for your interest in volunteering at Boys and Girls Clubs of Calgary. Exciting and diverse volunteer opportunities can be found right in your neighbourhood. Whether you have just a few hours to give occasionally or can make a commitment of 2-3 hours per week your time and talents are greatly appreciated.

Last year 1,923 volunteers contributed over 29,161 hours of service to the Boys and Girls Clubs of Calgary. Volunteers provide valuable resources to the children, youth and communities where we live and play. **Please take a moment to fill out this form.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Club Name

Have you volunteered before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**Check the following area(s) of interest.**

- I am interested in being an occasional, seasonal or special event volunteer.
- I am interested in being a regular volunteer (training and support provided).
- Jelly Bean Dances (8 – 12 yr)                       Day Camps
- Teen Dances (12 – 17 yr)                               Outings
- Special Events     Driving
- Fundraising Activities                                   Cleaning
- Maintenance/Repair
- Share a special skill or talent. Please list your special skill(s): \_\_\_\_\_
- Program volunteer, please list program(s) are you interested in. \_\_\_\_\_

**Check the days and time you are available.**

	morning	afternoon	evening		morning	afternoon	evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**\* Please contact your community Program Coordinator**