



Club: _____
ID #: _____
Date: _____

This information is protected under the provisions of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and of the Personal Information Protection Act, SA 2003 c. p-6.5.

You may contact our Privacy/FOIPP Officer at 403-276-9981 for information about the collection, use, retention and disclosure of personal information. You have the right to access your personal information on file with us.

PARTICIPANT (Youth) INFORMATION

First Name:	Last Name:	Middle Name:
Address:		Postal Code:
Home Phone #:		Cell Phone #:
Date of birth (mm/dd/yyyy):		Preferred pronoun:
<p>Gender (check all that apply). Please note: Boys and Girls Clubs of Calgary recognize that gender is not necessarily binary (only made up of two options). We as an organization recognize and accommodate all gender identifications. We are always available to discuss further if you wish.</p> <p> <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> transgender <input type="checkbox"/> transsexual <input type="checkbox"/> trans man <input type="checkbox"/> trans woman <input type="checkbox"/> non-binary <input type="checkbox"/> genderless <input type="checkbox"/> two-spirit <input type="checkbox"/> genderqueer <input type="checkbox"/> genderfluid <input type="checkbox"/> androgynous <input type="checkbox"/> intersex <input type="checkbox"/> CIS <input type="checkbox"/> other: _____ </p>		
Community:		
School Name:		Grade:
Children's Services Status (if applicable):	Case Worker Name and Phone Number (if applicable):	
Is the youth Indigenous (including First Nations, Metis and Inuit)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT/GUARDIAN INFORMATION

Which adults does the youth live with (please circle):		
Mom and Dad	Mom only	Dad only
Caregiver/guardian	Mom and step-parent/partner	Dad and step-parent/partner
Foster parent(s)	Mom and extended family	Dad and extended family
	Aunt/Uncle	Grandparents
Other: _____		



Primary Parent/Guardian Name:	Primary Parent/Guardian Name:
Relationship to youth:	Relationship to youth:
Full Address (include postal code): <input type="checkbox"/> Check if same residence/address as youth	Full Address (include postal code) <input type="checkbox"/> Check if same residence/address as youth
Home Phone #	Home Phone #
Cell Phone # (or alternate, such as work phone)	Cell Phone # (or alternate, such as work phone)

EMERGENCY CONTACT (other than parent/guardian)

Primary Emergency Contact:

Name (First and Last)	Phone Number:
Relationship to Youth	

Secondary Emergency Contact: (optional)

Name (First and Last)	Phone Number:
Relationship to Youth	

PARTICIPANT'S MEDICAL INFORMATION

Health Care Card #	
Physician's Name	Physician's Phone #
Please identify any allergies or food restrictions your youth may have. If allergies are identified, please list symptoms and appropriate response.	
Does your youth have a disability? If yes, please indicate additional details below. <input type="checkbox"/> Yes <input type="checkbox"/> No	



Please identify any medical information or special needs your youth may have including physical, emotional, and/or behavioural concerns:

List all medications your youth is presently taking (including dosage):

Are the youth's immunizations up to date? Yes No

CONSENT FOR FIRST AID

Please initial the following statements, giving your consent:

(initial)

In the event of injury or illness of my youth, BGCC staff will administer First Aid. In the event of an emergency where medical assistance is required, BGCC staff will follow their Emergency Manual 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 will be directly responsible for any charges or fees that apply.

ADDITIONAL INFORMATION

How many people live in the home where the child/ren resides? (including the child/ren)

Is your family a military family? Yes No

Are any of your children ESL or English Language Learners? Yes No

Did any of your children arrive in Canada within the past 5 years? Yes No

Do any members of your family have any of the following immigration statuses?

- Canadian Citizen
- Refugee Claimant
- Temporary Foreign Worker
- Permanent resident (landed immigrant)
- Permanent resident (refugee)
- Other: _____

What is the main population group your family identifies with? (i.e. Ethiopian, Chinese, Filipino, Japanese-Canadian, etc):

Primary language spoken at home:

Secondary language spoken at home

Any other languages



Please indicate combined Family Income (before tax):

Note, this information is collected to help us ensure our programs and services remain accessible.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$23,000 | <input type="checkbox"/> \$23,001 - \$28,000 | <input type="checkbox"/> \$28,001 - \$33,000 | <input type="checkbox"/> \$33,001 - \$38,000 |
| <input type="checkbox"/> \$38,001 - \$43,000 | <input type="checkbox"/> \$43,001 - \$48,000 | <input type="checkbox"/> \$48,001 - \$53,000 | <input type="checkbox"/> \$53,001 - \$58,001 |
| <input type="checkbox"/> \$58,001 - \$63,000 | <input type="checkbox"/> \$63,001 - \$68,000 | <input type="checkbox"/> \$68,001 - \$73,000 | <input type="checkbox"/> \$73,001 + over |

Email Address(es): _____

Your email address will be used to send you updates, opportunities and information about programming within Boys and Girls Clubs of Calgary



CONTRACT WITH YOUTH

Boys and Girls Clubs of Calgary agree to provide you the following services:

Community Clubs provide services to clients in a safe, supportive and supervised environments. Services emphasize age-appropriate growth and development through positive interactions between clients and staff. Services focus on engaging clients in positive pursuits during critical hours, during school breaks, and on evenings and weekends.

Community Clubs foster positive social and emotional development through recreation, creative arts, health and well-being, intentional learning and leadership development opportunities as well as family support and community engagement.

As a Youth in a Boys and Girls Clubs of Calgary Program, you agree to the following expectations:

- To treat all members, staff, and property at Community Clubs with respect; this includes speaking with respect to everyone in the centre, treating others with kindness, cleaning up after ourselves, keeping feet off of furniture, taking proper care of the technology and furniture, and returning things when you are finished.
- We use respectful language in our spaces. Rude, offensive and aggressive language will not be tolerated.
- The office is for staff, please ask permission if you would like in.
- You may use the office phone (ask staff) only to call parents/workers/guardians, and for emergencies. If you eat or drink anything, make sure to throw your garbage out.
- We use appropriate physical contact in our spaces. Inappropriate physical contact or fighting will not be tolerated.
- We are a drug and alcohol free space and expect sobriety. Cigarettes must be out of sight in the building; our no smoking policy includes E-cigarettes and vape devices.
- Computer use is primarily for education and employment purposes. On occasion, you may be permitted to use Community Clubs technology for other things, please speak with a staff member.
- Anything that is watched on the TV or a computer must be rated PG 13 or less. Any shows, movies, photos, or music videos that contain violence, drug/alcohol promotion, crime, discriminatory images or language, or disrespectful language cannot be viewed at Community Clubs.

In the event that there is an infraction of one or more of these guidelines, you may be asked to leave the centre immediately. In order to have privileges restored, you must meet with Community Club staff to discuss the issue. Any further action will be determined on a case by case basis.

The undersigned acknowledge that the above Contract with Youth/Child has been explained to their satisfaction and that their consent¹ is given voluntarily; without coercion or undue influence; and it is their right to withhold, give and revoke such consent.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____

¹When the youth's consent is required, this refers to youth 12 years of age and older. For younger children, youth who refuse to consent, or any individual who does not have the capacity to consent, the guardian's consent must be obtained unless there is a custody agreement with the youth.



BEHAVIOUR MANAGEMENT

Boys and Girls Clubs of Calgary support and encourage positive behavior management strategies which focus on children and youth’s ability to change their own behavior.

The following behavior management strategies may be used:

- Natural and logical consequences: EXAMPLE: if you punch a hole in the wall, you may hurt your hand and you may have to pay and fix the damages that have been caused.
- Staff or youth can ask for time on their own to take away from each other to process situations. Staff will check on you during this time depending on the situation.
- The youth may complete restitution for damages as a result of theft, vandalism or property damage
- Police may be involved if a criminal act has been committed.
- If there is a safety issue, Police may be contacted to ensure the safety of other youth and anyone else in the household.
- Staff are trained in Non-violent Crisis Intervention to prevent the youth from hurting themselves or others.
- If any privileges have been removed for any reason, an individual plan will be developed with yourself and a staff person to reinstate those privileges.

Boys and Girls Clubs of Calgary prohibit the following forms of behavior management:

- Corporal punishment
- Humiliation
- Degrading Punishment
- Physical or mechanical restraints
- Group punishment for one individual’s/youth’s behavior;
- Medication for punishment
- Intentionally harmful or abusive practices Locked confinement/seclusion
- Sleep deprivation
- Withholding of meals
- Withholding allowances; unless for restitution or temporarily as a consequence
- Withholding spiritual observances
- Withholding visits and phone contact; with family, Caseworker/guardian, the Children’s Advocate or lawyer

The undersigned acknowledge that the above behavior management strategies and has been explained to their satisfaction and that their consent¹ is given voluntarily; without coercion or undue influence; and it is their right to withhold, give and revoke such consent.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____

¹ When the youth’s consent is required, this refers to youth 12 years of age and older. For younger children, youth who refuse to consent, or any individual who does not have the capacity to consent, the guardian’s consent must be obtained unless there is a custody agreement with the youth.



GRIEVANCE PROCEDURES

All children/youth being served by the Boys and Girls Clubs of Calgary are encouraged to express to a third party any concern or disagreement they have in regards to treatment by any of the program staff. In their role as advocate, program staff will act promptly to ensure that children/youths are assisted through the process to expedite resolution of the situation.

The procedure for voicing your concerns through a grievance is as follows:

1. You can take your grievance to one of your Community Club Program Leaders. Your Program Leader will act promptly when he/she receives any complaint. All grievances will receive a response within 24 hours.
2. If you are not able to resolve the grievance with a Program Leader you can then take your grievance to the Community Club Program Coordinator. A meeting will be arranged within (1) working day of the request.

Program Coordinator: _____

Phone: _____

3. If you are not able to resolve the grievance with the Coordinator's involvement, the grievance will be brought to the Community Club Program Manager and Agency administrators to be reviewed. The grievance must be in written form at this point and the staff has the responsibility to assist you in writing the grievance and assuring you that the grievance has been taken to administration.

Program Managers: _____

Phone: _____

4. The Agency administrators will respond in writing within ten (10) working days of when they receive it. If you are not satisfied with the response, you can take your grievance to the Community Club Director. If you are still unsatisfied with the response, you may take your grievance further to the Senior Director of Services/CEO of Boys and Girls Clubs of Calgary. A copy of your grievance, the Agency's response, and any action taken will be included in your program file. Program Staff will be informed in writing of your grievance.

Director of Clubs and Experiential Learning: Sarah Knopp

Phone: 403-276-9981

Chief Operating Officer: Kat Main

Phone: 403-276-9981

Chief Executive Officer: Jeff Dyer

Phone: 403-276-9981

At any stage during the grievance process the youth and/or their guardian has a right to request to have a third party review of the grievance. If the youth is not satisfied with the outcome, they can appeal it.

I have read, and understand the grievance procedure, and have received a copy, enclosed in the Youth Welcome Package.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____



CONFIRMATION OF YOUTH'S RIGHTS

I, _____, and/or
(youth being served)

I, _____, the legal guardian of _____, and/or
(youth)

I, _____, the Caseworker for _____
(youth)

confirm we have been informed of the following rights:

(initial)

I have the right to access an Indigenous Resources/an Indigenous Resource Person. If I do not know how to do this, staff will assist me.

Yes, I would like an IRP If yes: Yes, I have received information about Indigenous resources.
 No; I would not like an IRP

(initial)

I have the right to access a Cultural Resources/a Cultural Resource Person. If I do not know how to do this, staff will assist me.

Yes, I would like a CRP If yes: Yes, I have received information about Cultural resources.
 No; I would not like a CRP

(initial)

I have the right to access resources about LGBTQ2S+/a LGBTQ2S+ Resource Person. If I do not know how to do this, staff will assist me.

Yes, I would like a LGBTQ2S+ Resource Person If yes: Yes, I have received information about LGBTQ2S+ resources.
 No; I would not like a LGBTQ2S+ Resource Person

(initial)

I have the right to lodge a grievance and have been informed of the Grievance procedure and understand what I need to do if I have concerns and/or issues.

(initial)

I have the right to spiritual observances; visits with my family or guardian, Caseworker, and contact with the Children's Advocate and/or my lawyer.

(initial)

I have the right to review my Consent to Release Information(s) every 3 months.

(initial)

I have the right to be involved in the creation of my goals for the next three month period.

(initial)

At any point during your time with us you have the right to review any information that is in your file. If you would like to do so, please put your request in writing and give it to the Program Coordinator.

(initial)

I have the right to consent to my file being reviewed during accreditation.

Yes, my file can be reviewed OR No, my file cannot be reviewed

(initial)

I have the right to consent to be interviewed during accreditation.

Yes, I can be interviewed OR No, I cannot to be interviewed

(initial)

I acknowledge that in all cases that require consent my consent is given voluntarily, without coercion or undue influence and have been fully informed of all aspects of service delivery including, program goals, procedures, treatments, trainings or other intervention methods.

(initial)

I understand that at any time I have the right to withhold, give and revoke consent. This process will be reviewed with me every time service plans are reviewed.



Effective Date: _____

Expiry Date: _____

OR the condition under which authorization expires: _____

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____

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 you as the parent(s) or legal guardian(s) 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 ("**Waiver**"), 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(s) of the participant(s) to the inherent, identifiable and unforeseen risks that may occur during our programs.***

By enrolling in a Boys and Girls Clubs of Calgary program you, and/or you as the parent(s) or legal guardian(s) of participants are deemed to have accepted the Risks 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 program offered by Boys and Girls Clubs of Calgary.
2. I agree to irrevocably release, waive, indemnify, and forever discharge Boys and Girls Clubs of Calgary, its employees, directors, officers, agents, instructors, volunteers, counselors and camp leaders (collectively hereinafter referred to as "**BGCC**") from any and all actions, causes of action, damages, lawsuits, claims, demands, costs, and expenses, and any other liability of any kind whatsoever, whether in law or in equity (collectively hereinafter referred to as the "**Claims**") arising or to arise, directly or indirectly, by reason of my and/or my child(ren)'s or charge(s)' participation in, or as a result of traveling to and from, a program, and notwithstanding that any such Claim may have been contributed to or occasioned by the negligence of BGCC.
3. I agree to irrevocably release, waive, indemnify, and forever discharge BGCC from any and all Claims which hereinafter may be brought or made against BGCC arising or to arise, directly or indirectly, by reason of my and/or my child(ren)'s or charge(s)' participation in, or as a result of traveling to and from, a program by reason of loss or damage to any and all property and any and all personal injuries, including death of others or myself.
4. I agree that by signing this Waiver, as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are Risks in the program to which I am willing to expose my child(ren) or charge(s) and that I will pay for any costs incurred by BGCC, including solicitor and own-client costs, should a suit be launched on my child's or charge's behalf, notwithstanding that any such suit may have as its cause of action the negligence of BGCC.



5. BGCC, may collect, use, retain and disclose my child(ren) and/or charge(s)' and/or my personal information according to the Privacy Statement and Consent at the end of this document. 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. BGCC may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child(ren)'s or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceed 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 as soon as is reasonably possible.
7. Inherent, identifiable and unforeseen risks or dangers in the programs at the Boys and Girls Clubs of Calgary include, but are not limited to, loss and/or damage to physical property. Injuries may occur when your child participates in activities such as sports programs, cooking programs, dances, bike riding, swimming, skating, hiking, canoeing, and other outdoor activities. Inclement weather, plant allergies, insect bites and allergies and food allergies are other possible risks. There are also risks that occur when travelling to and from a program outing, which may include mishaps during transportation
8. I acknowledge that I have read this agreement in its entirety, that I understand and agree to be bound by its terms, and that I am signing it voluntarily, without duress or undue influence from anyone.

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

Participant(s) Full Name(s):
Parent/Legal Guardian Full Name (Print):
Signature of Parent/Legal Guardian:
Witness* Signature
Witness (print)
Dated at Calgary, Alberta: _____ / _____ / _____ Year Month Day

*A witness must be someone other than the signing parent or the enrolled child.



SAFETY SEARCHES AND PERSONAL BELONGINGS

Youth searches will be permitted only under the authorization of a program coordinator, manager or director or after hours on call person and will be used as a last resort.

“Safety Searches” may be conducted:

1. If necessary to control contraband in the program
2. To recover missing or stolen property
3. To ensure the safety of youths and/or staff

During a search, every effort shall be made to avoid undue or unnecessary force or embarrassment.

Whenever possible, a youth will be informed of a search prior to its occurrence.

Searches will be conducted only when there are reasonable grounds and provisions are made for youth/staff safety.

Whenever possible two adults will be present. Staff will never physically search your person.

All searches will be documented and forwarded to the appropriate supervisor immediately.

If any illegal items are found, the proper authorities will be notified, and legal action may be taken.

Personal Belongings

Boys and Girls Clubs of Calgary is not responsible for lost or stolen items.

The undersigned acknowledge that the above Youth Search and Personal Belonging Procedure have been explained to their satisfaction and that their signature indicates that you are aware that searches will be conducted when necessary.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____

MEDIA CONSENT FORM FOR BGCC CHILDREN AND YOUTH

The signature below indicates my permission for Boys and Girls Clubs of Calgary (BGCC) to use audio taping, videotaping, photography, and/or filming of my child/youth with or without their name. I further consent to the use of their visual image indefinitely in its original format and any other format or formats in which it may be converted.

I understand that portions of the work will become part of the media organization’s or BGCC’s database and may be adapted for other BGCC or non BGCC related applications, productions, broadcast, re-broadcast, published, exhibited, reproduced, and/or distributed in various media formats to a number of markets. Once photographs, name, and other identifying personal information are released in any public forum, BGCC cannot control or prevent the further distribution or use of the material by those who access the information.



BGCC cooperates with the media and other organizations, within reason, to encourage celebration, recognition and awareness of BGCC, children, youth, and family achievements and challenges. However, we recognize that there are instances where parents may not wish their child to be recorded. Parents are under no obligation to consent; it is their voluntary decision to do so.

This form must be returned to the BGCC Communications before the child/youth begins participation in this media related activity. If you do not return this form, this indicates a refusal to consent. You reserve the right to withdraw your permission at any time. If you wish to withdraw your permission, you must make such a request in writing to info@bgcc.ab.ca.

(initials)

Consent for Release – Parent/Legal Guardian or Independent Student/Adult
I am the parent/legal guardian of the child/youth named below, and I have read and understand the information provided on this form

Please select one of the following options:

YES, I consent. I give BGCC permission to include my youth in the media coverage and its subsequent use.

NO, I decline. I decline to give BGCC permission to include my youth in the media coverage and its subsequent use.

_____ Name of youth (print)	_____ Community Clubs Club/Program
_____ Name of parent/legal guardian (print)	_____ Signature of parent/legal guardian
	_____ Date



CONSENT FOR SERVICES

I, _____ (youth name) agree to participate in programs and services through the Boys and Girls Clubs of Calgary's Community Clubs I give my consent for services from the agency voluntarily and without coercion or undue influence.

Those services may include all or some of the following:

- Education and employment
- Housing
- Supportive relationships
- Life skills
- A sense of identity
- Engagement in community
- Emotional healing
- Physical and mental health
- Harm reduction
- Accessing resources
- Recreation and experiential programming

Boys and Girls Clubs of Calgary will inform and support you through any personal connections or conflicts of interest or other information that would affect the relationship and decision-making between the staff and the youth

Safety is our number one priority. We strive to make this a safe place for you. We ask that you do the same.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____

PERMISSION TO TRANSPORT CLIENTS

Youth may be transported in either agency vehicles or staff personal vehicles for the purpose of programming or to enhance their connection to services and resources in the community. Any programming to take place outside of the city will require an additional permission from Parent/Guardian.

I give consent for my child/youth to be transported in agency and staff personal vehicles.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____



PRIVACY STATEMENT (FOR YOUTH)

Your privacy is important to us.

The personal information on this form may be collected, used or disclosed by the Boys and Girls Club of Calgary for the purposes of ensuring the following: the health and safety of your child, appropriate notification for you and care for your child in emergency situations, safe arrival and departure for your child from our program(s), and managing our relationship with you and your child in the best way possible. In addition, we may use or disclose this information to do the following: access program(s) or individual sponsorship and donation opportunities, inform you or your child of our programs and services, maintain updated membership lists, compile anonymous statistics for various reports (annual, funder, program, agency, membership-Boys and Girls Clubs of Canada etc.), tell success stories about our members and programs, comply with our various legal obligations and/or for any other reasonable purpose. Moreover, the disclosure of any personal information to program staff that work with your child may be disclosed by that staff person to the Boys and Girls Club of Calgary for the purposes of guidance, consultation, debriefing, referrals or access to supports, or for the purpose of planning consistent approaches and routines for your child.

All personal information collected on this form is under the provisions of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of the Act, and of the Personal Information Protection Act, SA 2003 c. p. 6-5.

If you have any questions, please contact the Privacy/FOIPP Officer at 403-276-9981.

I consent to the collection, use and disclosure of my/my youth's personal information as described above.

Signatures	Date
Youth Name (print): _____	_____
Youth Signature: _____	_____
Parent/Guardian Name (print): _____	_____
Parent/Guardian Signature: _____	_____
BGCC Program Representative: _____	_____

YOUTH ORIENTATION CHECKLIST

Please sign below that you have read this document and that you understand and agree to the terms above. If you require any further explanation or clarification, do not hesitate to speak with a staff member.

Sincerely,
The Community Clubs Staff Team

Yes, youth has received a copy of the Youth Welcome Package.

Signatures	Date
Youth: _____	_____
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____