



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.

**For families registering only one child:** Please complete Part I and Part II.

**For families registering two or more children:** Part I must be filled out completely for each child participating in the program. Part II may be filled out *once*, and all children should be listed in each field requiring participant name/child's name, as indicated.

**Community Club Membership Form: Part I (Child Information)**

**PARTICIPANT (Child) INFORMATION**

First Name:	Last Name:	Middle Name:
Address:		Postal Code:
Community:		Home Phone #:
Date of birth (mm/dd/yyyy):		Cell Phone #:
Gender <i>(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.)</i>		
School Name:		Grade:
Children's Services Status (if applicable):	Case Worker Name and Phone Number (if applicable):	
Is the child Indigenous (including First Nations, Metis and Inuit)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PRIMARY PARENT/GUARDIAN FOR THIS PARTICIPANT**

Full Name:
Relationship to child:
Full Address (include postal code): <input type="checkbox"/> Check if same residence/address as child
Home Phone #



**PARTICIPANT'S MEDICAL INFORMATION**

Health Care Card #

Please identify any allergies or food restrictions your child may have:

Does your child have a disability? If yes, please indicate additional details below.  Yes  No

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

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

Are the child'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 child, 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.