



| |
|-------------|
| 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 II (Caregiver & Family Information and Consents)

The following information should apply to all children with Part I forms for this program. For example, multiple siblings within one family have Part I forms filled in (one per child). This group of siblings need Part II filled out *only once*, assuming the information in Part II (such as emergency contacts) is the same for all siblings listed.

If there is a child with permissions that differ from their sibling group, an additional copy of Part II should be filled out, listing only that child in "Participant's Information."

PARTICIPANT'S INFORMATION

| Names (first, middle initial, last) | Date of Birth |
|-------------------------------------|---------------|
| | |
| | |
| | |
| | |

PARENT/GUARDIAN INFORMATION

Which adults does the child/ren 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 child/ren: | Relationship to child/ren: |
| Full Address (include postal code): <input type="checkbox"/> Check if same residence as child | Full Address (include postal code): <input type="checkbox"/> Check if same residence as child |
| 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 Child/ren or Youth(s) | |
| Authorized to pick up all child/ren listed on p. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Secondary Emergency Contact: (optional)

| | |
|--|---------------|
| Name (First and Last) | Phone Number: |
| Relationship To Child/ren or Youth(s) | |
| Authorized to pick up all child/ren listed on p. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

AFTER PROGRAM WALK HOME PRIVILEGES

Do you give permission for your child/ren to walk home unsupervised after program?
Please note if your child leaves during the program without permission, they will be considered AWOL/ missing and reported to the necessary guardians/ professionals.

| | | |
|---------------------|---|---|
| Child's Name: _____ | <input type="checkbox"/> Yes, for Programs ending between 3-6pm <input type="checkbox"/> No, for Programs ending between 3-6pm | <input type="checkbox"/> Yes, for Programs ending between 6-9pm <input type="checkbox"/> No, Programs ending between 6-9pm |
| Child's Name: _____ | <input type="checkbox"/> Yes, for Programs ending between 3-6pm <input type="checkbox"/> No, for Programs ending between 3-6pm | <input type="checkbox"/> Yes, for Programs ending between 6-9pm <input type="checkbox"/> No, Programs ending between 6-9pm |
| Child's Name: _____ | <input type="checkbox"/> Yes, for Programs ending between 3-6pm <input type="checkbox"/> No, for Programs ending between 3-6pm | <input type="checkbox"/> Yes, for Programs ending between 6-9pm <input type="checkbox"/> No, Programs ending between 6-9pm |
| Child's Name: _____ | <input type="checkbox"/> Yes, for Programs ending between 3-6pm <input type="checkbox"/> No, for Programs ending between 3-6pm | <input type="checkbox"/> Yes, for Programs ending between 6-9pm <input type="checkbox"/> No, Programs ending between 6-9pm |

ADDITIONAL CONTACTS AUTHORIZED TO PICK UP CHILD/REN

Only individuals listed above (parents, guardians, emergency contacts) and in this table are authorized to pick up your child from the club or from Club activities. Identification will be required. Please inform us by calling the Club in advance if you wish to grant permission for anyone not included in this form to pick up your child.

| | |
|--|-----------|
| First Name | Last Name |
| Relationship To Child/Youth | Phone # |
| Authorized to pick up all child/ren listed on p. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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?

| | |
|---|--|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Permanent resident (landed immigrant) |
| <input type="checkbox"/> Refugee Claimant | <input type="checkbox"/> Permanent resident (refugee) |
| <input type="checkbox"/> Temporary Foreign Worker | <input type="checkbox"/> 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



CONSENT FOR SERVICES

I, _____ (parent name) agree to have my child/ren participate in program 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: |
| Parent/Guardian: _____ | _____ |
| BGCC Program Representative: _____ | _____ |

PERMISSION TO TRANSPORT CLIENTS

Children 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/ren to be transported in agency and staff personal vehicles.

| | |
|-------------------------------------|-------------|
| Signature | Date |
| Parent/Guardian Name (print): _____ | _____ |
| Parent/Guardian Signature: _____ | _____ |



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.

| |
|---|
| Name(s) of Participants (under 18 years old) that the Parent/Guardian is signing for (first, middle initial, last) |
| Child's Name: _____ |
| Child's Name: _____ |
| Child's Name: _____ |
| Child's Name: _____ |
| 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.



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(ren)/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.

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 from of the following options:

- | | | |
|------------------------|--|--|
| Child’s Name: _____ | <input type="checkbox"/> YES, I consent. I give BGCC permission to include my child in the media coverage and its subsequent use. | <input type="checkbox"/> NO, I decline. I decline to give BGCC permission to include my child in the media coverage and its subsequent use. |
| Child’s Name: _____ | <input type="checkbox"/> YES, I consent. I give BGCC permission to include my child in the media coverage and its subsequent use. | <input type="checkbox"/> NO, I decline. I decline to give BGCC permission to include my child in the media coverage and its subsequent use. |
| Child’s Name: _____ | <input type="checkbox"/> YES, I consent. I give BGCC permission to include my child in the media coverage and its subsequent use. | <input type="checkbox"/> NO, I decline. I decline to give BGCC permission to include my child in the media coverage and its subsequent use. |
| Child’s Name: _____ | <input type="checkbox"/> YES, I consent. I give BGCC permission to include my child in the media coverage and its subsequent use. | <input type="checkbox"/> NO, I decline. I decline to give BGCC permission to include my child in the media coverage and its subsequent use. |

| | |
|---------------------------------------|---------------------------------|
| Name of parent/legal guardian (print) | Community Clubs Club/Program |
| Signature of parent/legal guardian | Date |



PRIVACY STATEMENT AND CONSENT

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/ren, appropriate notification for you and care for your child/ren in emergency situations, safe arrival and departure for your child/ren from our program(s), and managing our relationship with you and your child/ren 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/ren 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/ren 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 child/ren's personal information as described above.

| | |
|-------------------------------------|-------------|
| Signature | Date |
| Parent/Guardian Name (print): _____ | |
| Parent/Guardian Signature: _____ | _____ |

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 the Program Coordinator. A meeting will be arranged within (1) working day of the request.

Program Coordinator: _____ **Phone:** _____

2. If you are not able to resolve the grievance with the Coordinator's involvement, the grievance will be brought to the 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 Manager: _____ **Phone:** _____

3. 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 Director. If you are still unsatisfied with the response, you may take your grievance further to the COO/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. Your BGCC contact will be informed in writing of your grievance.

Director of Services: Sarah Knopp **Phone:** 403-276-9981

Chief Operating Officer: Kat Main **Phone:** 403-276-9981

Chief Executive Officer: Jeff Dyer **Phone:** 403-276-9981

| | |
|----------------------------------|-------------|
| Signature | Date |
| Parent/Guardian Signature: _____ | _____ |
| BGCC Representative: _____ | _____ |



CONFIRMATION OF RIGHTS

I, _____, the parent or legal guardian of _____
(child/ren's names)
_____, and/or
(child/ren's names)
 I, _____, the Caseworker for _____,
(child/ren's name)
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 an CRP If yes: Yes, I have received information about Indigenous resources.
 No; I would not like an 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 an LGBTQ2S+ Resource Person If yes: Yes, I have received information about LGBTQ2S+ resource
 No; I would not like an 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

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

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

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.

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

Parent: _____

BGCC Program Representative: _____

¹ When the youth's consent is required, this refers to youth 13 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.