



Boys & Girls Clubs
of the Okanagan

**LAKE COUNTRY CLUB - SPRING TERM 2021
RECREATION REGISTRATION (INVOICE)**
This is your invoice –no other invoice will be issued or sent to you.
BOYS AND GIRLS CLUBS –Lake Country – 3130 Berry Rd.

***Important – We cannot accept paper applications dropped off to our centers.
This is a fillable form. Please save this form to your computer, then type directly into the form.
Please email this form along with your Payment Form back to: lakecountry@bgco.ca**

*** NOTE: Please submit one application per child.**

PARENT/GUARDIAN INFORMATION:

First Name: Last Name:
 Home: Cell: Work:
 Email:

CHILD INFORMATION:

First Name: Legal Last Name:
 GRADE: MEMBER: NEW EXISTING ACCT #:

Does your child have a medically diagnosed condition that requires additional support?

No Yes If yes, please explain below:

LAKE COUNTRY CLUB SPRING TERM 2021 RECREATION PROGRAMS

Pre-registration required – Select your program by adding fee amount in Total section

Mystery & Magic Club (Grades 1 – 4) (Tuesdays, 3:30-5:00pm) (\$7.50/session OR \$30/6-weeks)

Do you like solving puzzles, riddles and curious about card tricks? Come tackle each week’s challenge and solve the mystery.

\$7.50/session: April 6 _____ April 13 _____ April 20 _____ April 27 _____ May 4 _____ May 11 _____

\$30/6-weeks: April 6, April 13, April 20, April 27, May 4, May 11 _____

Please add an "X" to select choice(s) – THEN, TOTAL \$ OF ALL SELECTED CHOICE(S) HERE: \$ _____

Intro to Archery (Grades 4 – 7) (Tuesdays, 3:30-6:00pm) (\$50/6-weeks)

Learn the basics of archery with certified archery instructors. All equipment provided.

\$50/6-weeks: May 18, May 25, June 1, June 8, June 15, June 22 _____

Please add an "X" to select – THEN, ADD TOTAL \$ HERE: \$ _____

Cool Moves (Grades 1 – 4) (Wednesdays, 3:30-5:00pm) (\$7.50/session OR \$30/6-weeks)

Moves has two distinct parts: Eat Smart, in which participants are encouraged to make healthier eating choices, and Play Cool, in which participants are encouraged to engage in more physical activity.

\$7.50/session: April 7 _____ April 14 _____ April 21 _____ April 28 _____ May 5 _____ May 12 _____

\$30/6-weeks: April 7, April 14, April 21, April 28, May 5, May 12 _____

Please add an "X" to select choice(s) – THEN, TOTAL \$ OF ALL SELECTED CHOICE(S) HERE: \$ _____

Earth Savers (Grades 1 – 4) (Wednesdays, 3:30-5:00pm) (\$7.50/session OR \$30/6-weeks)

This program is all about ways we can learn to give back to our environment. Help us make more eco-friendly choices through making beeswax food wraps, composters, and recycled creations.

\$7.50/session: May 19 _____ May 26 _____ June 2 _____ June 9 _____ June 16 _____ June 23 _____

\$30/6-weeks: May 19, May 26, June 2, June 9, June 16, June 23 _____

Please add an "X" to select choice(s) – THEN, TOTAL \$ OF ALL SELECTED CHOICE(S) HERE: \$ _____

Art Club – Get Messy (Grades 1 – 2) (Wednesdays, 5:30-7:00pm) (\$3.00/session)

Do you love making art? Join us for some messy fun each Wednesday to explore through various mediums and materials.

Wednesdays: April 7 _____ April 14 _____ April 21 _____ April 28 _____

May 5 _____ May 12 _____ May 19 _____ May 26 _____

June 2 _____ June 9 _____ June 16 _____ June 23 _____

Please add an "X" to select your session(s) – add total fee below:

TOTAL \$ _____

Art Club – Advanced Skills (Grades 3 – 6) (Wednesdays, 6:00-8:00pm) (\$3.00/session)

Want to learn some more art techniques? Join Randis to learn new skills using various materials.

Wednesdays: April 7 _____ April 14 _____ April 21 _____ April 28 _____

May 5 _____ May 12 _____ May 19 _____ May 26 _____

June 2 _____ June 9 _____ June 16 _____ June 23 _____

Please add an "X" to select your session(s) – add total fee below:

TOTAL \$ _____

Torch Club (Grades 1 – 4) (3:00-4:30pm)

FREE WITH MEMBERSHIP – MUST PRE-REGISTER

Torch Club helps kids develop leadership skills and self-esteem in a respectful, diversified environment. The program also offers the opportunity to give back to others and gain a sense of responsibility that comes when young people make their own decisions.

Thursdays: April 8 _____ April 15 _____ April 22 _____ April 29 _____
May 6 _____ May 13 _____ May 20 _____ May 27 _____
June 3 _____ June 10 _____ June 17 _____ June 24 _____

Please add an "X" to select your session(s)

TOTAL \$ FREE _____

Nailed It – Kids Cooking (Grades 2 – 6) (Thursdays, 5:00-7:30pm) (\$30/4-weeks)

Just like the show, your child will be given an example for inspiration. They'll put their skills to the test as they try to recreate these tasty treats.

\$30/4-weeks: April 8, April 15, April 22, April 29 _____

Please add an "X" to select – THEN, ADD TOTAL \$ HERE: \$ _____

Chopped – Kids Cooking (Grades 2 – 6) (Thursdays, 5:00-7:30pm) (\$30/4-weeks)

Want to put your cooking skills to the test? Each night children will be partnered up, and given a box of mystery ingredients they can use to make their dinner.

\$30/4-weeks: May 6, May 13, May 20, May 27 _____

Please add an "X" to select – THEN, ADD TOTAL \$ HERE: \$ _____

Team Bake Off (Grades 2 – 6) (Thursdays, 5:00-7:30pm) (\$30/4-weeks)

Partner up in this fun bake off competition! Our judges are ready to taste your creations. Sign up with a friend, or we can match you with a partner when you arrive.

\$30/4-weeks: June 3, June 10, June 17, June 24 _____

Please add an "X" to select – THEN, ADD TOTAL \$ HERE: \$ _____

Fly-by Fridays (Grades 1-6) (5:00 – 8:00pm) \$5/session includes Supper OR **FREE if opt out of Supper**

Try something new, or enjoy the classics, these Friday nights are all about kid favourites. Crafts, games, sport and outdoor activities can be expected. *See monthly calendars for details.* The program is free, but you can also join us for dinner for only \$5.

Fridays: April 9 _____ April 16 _____ April 23 _____ April 30 _____

May 7 _____ May 14 _____ May 21 _____ May 28 _____

June 4 _____ June 11 _____ June 18 _____ June 25 _____

Please add an "X" to select the date(s) for session(s) – then if include Supper add total Supper fee below:

TOTAL : \$ _____

REC "Sleep Over" with Extended Friday hours (Grades 2-6) (8:00 – 11:00pm) (\$5.00)

Join us for a late night at the Boys and Girls Club! Stay after Fly by Fridays and participate in all your favourite sleep over traditions of wearing pajamas, eating treats, telling ghost stories and glow in the dark games.

Friday May 14 _____

Please add an "X" to select your session, then add fee: **TOTAL \$ _____**

Saturday Outdoor Adventure Program (Grades 1-6) (1:00 – 4:00pm) (\$10/session)

This program promotes being active outdoor with exploring local parks, playgrounds, hiking trails and more. Planned outings for April, May and June include all your favourite spring activities such as hiking, parks, scavenger hunts and geocaching. **No program May 22.**

Saturdays: April 10 _____ April 17 _____ April 24 _____

May 1 _____ May 8 _____ May 15 _____ May 29 _____

June 5 _____ June 12 _____ June 19 _____ June 26 _____

Please add an "X" to select your session(s) – add total fee below:

TOTAL \$ _____

Registration Totals

<u>Yearly Membership: (\$10.00)</u>	\$ _____
<u>Mystery & Magic Club</u>	\$ _____
<u>Intro to Archery</u>	\$ _____
<u>Cool Moves</u>	\$ _____
<u>Earth Savers</u>	\$ _____
<u>Art Club – Get Messy</u>	\$ _____
<u>Art Club – Advanced Skills</u>	\$ _____
<u>Torch Club</u>	\$ <u>FREE</u> _____
<u>Nailed It – Kids Cooking</u>	\$ _____
<u>Chopped – Kids Cooking</u>	\$ _____
<u>Team Bake Off</u>	\$ _____
<u>Fly by Fridays</u>	\$ _____
<u>Rec “Sleep Over”</u>	\$ _____
<u>Saturday Outdoor Adventure</u>	\$ _____
Total Recreation Payment Due:	\$ _____

ALL MEMBERS: I UNDERSTAND THAT FEES WILL BE PROCESSED WHEN REGISTRATION IS RECEIVED, TO THE CREDIT CARD NUMBER PROVIDED ON THE PAYMENT FORM, AS A PRE-AUTHORIZED PAYMENT FOR THE **TOTAL COST** OF ALL FEES UPON RECEIPT OF APPLICATION.

I also understand that recreation program fees are non-refundable.

INITIAL HERE

Payment Form must be included with all registrations.

Thank you!

Please email registration and payment form to lakecountry@bgco.ca

Parent Signature: _____ Date: (MM/DD/YYYY) _____

Staff Signature: _____ Date: (MM/DD/YYYY) _____



Office Use Only:

Membership Fee Yes No

Transportation Required: Yes No

Club Name: _____

Initial Program Registered** _____ Start Date: _____

***If you have participated in other Okanagan Boys and Girls Club programs, please check with the Club before filling out this form.*

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member Information:

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Names: _____ Date of Birth (month/day/year): / /

Height: _____ Weight (lbs): _____ Hair Colour: _____ Eye Colour: _____

Allergies? _____ Gender: Male Female Transgender Other

Photo or Digital Image*? Yes No ***Digital photo of child must accompany this registration form.**

Primary Contact: (Parent or Legal Guardian)

Last Name: _____ First Name: _____

Email Address: _____

Mailing Address: _____

City: _____ Province _____ Postal Code: _____

Home Phone#: _____ Work Phone #: _____ Mobile Phone: _____

Place of Employment: _____

Please check best number to reach the person: Home Phone Work Phone Mobile Phone

Family Password*: _____

**Note: In order to arrange alternate pick-up the parent/guardian must confirm their family password over the phone to ensure the designated individual is contacting the club to make alternate arrangements.*

Authorized Pickup? Yes No

Emergency Contact? Yes No

Relationship to member: *(Please check all that apply)*

- Lives With Father Mother Shared Custody Step-parent
- Foster Parent Guardian Sibling Grandparent Social Worker
- Other: _____

Is there a Custody Order in involved? Yes No (If yes, custody order MUST be attached.)

2nd Contact: (Parent or Legal Guardian)

Last Name: _____ First Name: _____

Email Address: _____

Mailing Address: _____

City: _____ Province _____ Postal Code: _____

Home Phone#: _____ Work Phone #: _____ Mobile Phone: _____

Place of Employment : _____

Please check best number to reach the person: Home Phone Work Phone Mobile Phone

Authorized Pickup? Yes No

Emergency Contact? Yes No

Relationship to member: *(Please check all that apply)*

- Lives With Father Mother Shared Custody Step-parent
 Foster Parent Guardian Sibling Grandparent Social Worker
 Other: _____

Is there a Custody Order in involved? Yes No (If yes, custody order MUST be attached.)

Additional Contact: (*Please ensure that at least one emergency contact is not a parent or legal guardian).

Last Name : _____ First Name: _____

Home Phone#: _____ Work Phone #: _____ Mobile Phone: _____

Please check best number to reach the person: Home Phone Work Phone Mobile Phone

City: _____ Province _____ Relationship to Member: _____

Authorized Pickup? Yes No

Emergency Contact? Yes No

Additional Contact: (Other than parent or legal guardian)

Last Name : _____ First Name: _____

Home Phone#: _____ Work Phone #: _____ Mobile Phone: _____

Please check best number to reach the person: Home Phone Work Phone Mobile Phone

City: _____ Province _____ Relationship to Member: _____

Authorized Pickup? Yes No

Emergency Contact? Yes No



Primary Language Spoken: _____ **Other Languages spoken:** _____

Ethnic Origin: _____ **Indigenous People (Please note ancestry):** _____

Indigenous People – Please provide information on names/bands, nations and location/province?

Are you a new Canadian? Yes No **Refugee?** Yes No **Military Family?** Yes No

Combined Family Income: Undisclosed \$0.00 to \$5,000 \$5,000 to \$25,000 \$25,000 to \$55,000
 \$50,000 to \$75,000 \$75,000 to \$100,000 \$100,001 and up

Name of School: _____ **Grade:** _____

Teacher’s name: _____

Physician’s Name: _____ **Clinic:** _____ **Phone:** _____

Health Care Card # (MANDATORY): _____ **Province:** _____

Are there any special instructions respecting the child’s diet, medication, participation in a program or activities, or other matter relevant to the child’s care? _____

Does the member have an illness or medical disability? Yes No

If yes, please list the medically diagnosed condition (Care Plan required): _____

Is additional support required? (Care Plan may be required) Yes No

Immunization Status (MANDATORY): Complete Incomplete* Not Immunized*

If “Complete”, is a copy of the records attached to membership? Yes No

**NOTE: If the child’s immunization records are incomplete, or if child is not immunized, in the event of a disease outbreak, the Ministry of Health may require child to remain absent from Okanagan Boys and Girls Clubs’ programs.*

Swimming ability: Strong Swimmer Capable Swimmer Weak Swimmer Non Swimmer

Comments: _____

Alerts:

Date of alert (mm/dd/yyyy): _____ / _____ / _____

Individual Member's Name: _____

Alert Type: Allergy

- Domestic (include name of any person NOT permitted access to the child i.e. unauthorized pick-ups)
- Medication (please list all current medications along with the prescribing physician below)
- Birthmarks or distinguishing marks
- Notable (example: Physical Marks /Scars, Fears, Concerns)

Alert Description: _____

Authorization, Consents, and Waivers (Please sign or initial in each applicable area)

• **Video, Photographs and Social Media** _____

There may be times when television, newspapers, or other photographers will want to take individual or group pictures of our members taking part in activities. This would most often be done to promote Boys and Girls Clubs and our programs through but not limited to print material, media and social media. Should you not want your child to be involved in such coverage please address this in writing to the Program Coordinator or Program Supervisor.

• **Parent/guardian/member authorizes member to participate in surveys for program evaluation.** _____

• **Medical Emergency** _____

In case of accident or illness, I authorize the caregiver to administer first aid and/or to be taken to the nearest emergency centre by the Boys and Girls Club Staff when I cannot be contacted. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.

• **Parent/guardian gives consent for member to take part in out-trips.** _____

• **Parent/guardian gives permission for member to have in/out privileges, including walking home alone.** _____
(Applicable to Recreation Programs Only—Please note that an additional letter may be requested)

• **Impairment** _____

Should it appear to staff that a parent/caregiver is impaired the staff will offer to call a relative or friend to pick up the parent/ caregiver and child. If this is not acceptable they will offer to call a cab. Should the parent / caregiver insist on driving the staff will call the RCMP. A call will also be made to the Ministry for Children & Families to inform them of the risk to the child.

• **Suspected Child Abuse** _____

The Child, Family and Community Service Act states that all children in the Province of B.C. "are entitled to be protected from abuse, neglect and harm or threat of harm". The act also states that any "person who has reason to believe that a child needs protection must promptly report the matter". I understand that Boys and Girls Club employees will adhere to the Act.



• **Emergency Procedure in the event of evacuation** _____

In the event of an emergency that required evacuation of the Centre or the neighborhood, I am aware that my child would be at the designated location stated in the Parent Handbook given to me as a part of my registration package.

• **Late Pick-ups** _____

If staff is unable to contact myself or emergency contact 45 minutes after program ending, I understand that the Ministry for Children & Families will be called.

• **Discipline Policy** _____

The Okanagan Boys and Girls Club expectations of our members are: Respect yourself, Respect others and Respect our environment, equipment, Clubs and grounds. In the event a child is acting in an inappropriate manner, staff and volunteers will firstly observe the behaviour, and then set clear limits and appropriate specific consequences for the child. Continued inappropriate behaviour will be discussed with parents, with the expectation that staff and parents will work together to resolve the behaviour. While staff support and encourage appropriate behaviour, should the behaviour continue to be disruptive or harmful, we may ask that the child be removed from the program for a period of time or permanently.

• **Parent/Guardian, and/or member is aware that member information is shared across the organization.** _____

• **Parent/Guardian Consent** _____

I hereby, acknowledge that I am aware of the risks involved in and arising out of participation in activities offered. I there- fore waive, release, forgo against the Boys and Girls Club, its members, organizers, sponsors, officers, supervisors, directors, employees, agents, workmen and any person(s) participating or assisting in the carrying out of the activities of the organization. I hereby agree to hold and save harmless the Boys and Girls Club for any claims, demands, suits, actions and/or causes of actions resulting form, or resulting out of, or occasioned by my child's participation in any or all of the activities of the Boys and Girls Club.

• **Parent Handbook** _____

I/We have received and read the Policies and Procedures of the Okanagan Boys and Girls Clubs as outlined in the Parent Hand Book issued to me upon registration with the Okanagan Boys and Girls Clubs.

How did you hear about us? _____

Name of Parent/Legal Guardian (please print): _____

Parent /Legal Guardian Signature: _____

Date of Signature: _____

Office Use Only— End Date (Date on which child stops attending): _____