



Boys & Girls Clubs
of the Okanagan

MARTIN AVE. COMMUNITY CENTRE 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 – Martin Ave. Club – 1434 Graham St.

***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: middleyearsrec@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:

MARTIN AVE. CLUB SPRING TERM 2021 RECREATIONAL PROGRAMS

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

Homework Helpers (Grades 1 - 6) (Tuesdays, 3:30 – 5:00pm) (\$5/session)

Are you needing help with your homework? Wanting some time for extra practice, or a chance to work your brain with different puzzles? Join us for Homework Helpers where staff can help you with homework, give you extra practice through different puzzles and worksheets, and help you prepare for that upcoming test by quizzing you. *Please note, based on enrollment numbers we cannot guarantee 1:1 support for your child for the duration of the program as staff will work to provide support to all participants in attendance.*

April 6 _____ April 13 _____ April 20 _____ April 27 _____
 May 4 _____ May 11 _____ May 18 _____ May 25 _____

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

TOTAL \$ _____

Creative Arts (Grades 1-6) (Tuesdays, 5:30-7:00pm) (\$7.50/session OR \$20/4-weeks)

Come get creative with us as we explore different artistic avenues each month.

"Intro to Performance" will explore drama, singing, and dance. Activities may include drama games, karaoke, and just dance. The four weeks will end with a Talent Show!:

Intro to Performance, **\$7.50/session**: April 6 ____ April 13 ____ April 20 ____ April 27 ____

Intro to Performance, **\$20/4-weeks**: April 6, April 13, April 20, April 27 ____

"Fun with Drumming" will be an introduction to drumming, all while having fun. We will supply drum sticks and participants will have fun learning rhythm on various drum creations (think garbage bins and recycled drum creations):

Fun with Drumming, **\$7.50/session**: May 4 ____ May 11 ____ May 18 ____ May 25 ____

Fun with Drumming, **\$20/4-weeks**: May 4, May 11, May 18, May 25 ____

"Painting" is a 4-week program where participants will create a canvas masterpiece from beginning to end. Participants will practice painting in the first week, then will sketch out and complete their painting over the next three weeks:

Painting, **\$7.50/session**: June 1 ____ June 8 ____ June 15 ____ June 22 ____

Painting, **\$20/4-weeks**: June 1, June 8, June 15, June 22 ____

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

Random Acts of Kindness (Grades 1 – 6) (Tuesdays, 3:30-5:00pm)
(\$7.50/session OR \$20/4-weeks)

Come join us as we participate in Random Acts of Kindness together as a group and hopefully brighten someone else's day. The group will brainstorm Random Acts of Kindness to do throughout the month and embark on a new project each week.

\$7.50/session: June 1 ____ June 8 ____ June 15 ____ June 22 ____

\$20/4-weeks: June 1, June 8, June 15, June 22 ____

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

Slimy Creations (Grades 1 – 6) (Thursdays, 3:30-5:00pm) (\$7.50/session OR \$20/4-weeks)

Join us as we create and play with different slimy creations each week including slime, silly putty, playdough, and flubber.

\$7.50/session: April 8 ____ April 15 ____ April 22 ____ April 29 ____

\$20/4-weeks: April 8, April 15, April 22, April 29 ____

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

Cool Moves (Grades 1-6) (Thursdays, 5:30-7:00pm) (\$7.50/session OR \$20/4-weeks)

Join us to Eat Smart and Play Cool as we try new activities each month. Each week we will focus on creating healthy habits and being active. *Please come dressed to be active and bring a water bottle.*

"Rock Climbing" on our bouldering wall will allow participants to explore the basics of rock climbing, build on skills and strength, and have fun through a variety of climbing games. *Please note, closed-toed shoes are required to participate in climbing on our bouldering wall.:*

Rock Climbing, **\$7.50/session:** April 8 _____ April 15 _____ April 22 _____ April 29 _____

Rock Climbing, **\$20/4-weeks:** April 8, April 15, April 22, April 29 _____

"Fitness Warriors" is all about being active. Participants will practice a variety of movements through obstacle courses, group games, and active play.:

Fitness Warriors, **\$7.50/session:** May 6 _____ May 13 _____ May 20 _____ May 27 _____

Fitness Warriors, **\$20/4-weeks:** May 6, May 13, May 20, May 27 _____

"Baseball" will be a fun intro to baseball as we get excited for our summer Jays Care Rookie League program. Whether you are brand new to baseball or sharpening your skills for summer, this program is for you.:

Baseball, **\$7.50/session:** June 3 _____ June 10 _____ June 17 _____ June 24 _____

Baseball, **\$20/4-weeks:** June 3, June 10, June 17, June 24 _____

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

Discovery Lab (Grades 2 – 6) (Thursdays, 3:30-5:00pm) (\$7.50/session OR \$40/8-weeks)

Come take part in this 8-week program all about discovery and exploration in the field of science. Each week we explore a different topic through discussion and hands-on experience. This program builds upon skills and is best to sign up for the entire 8-week course, however, each week is a separate experiment and participants are able to sign up for individual sessions as well.

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

June 3 _____ June 10 _____ June 17 _____ June 24 _____

\$40/8-weeks: May 6, May 13, May 20, May 27, June 3, June 10, June 17, June 24 _____

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

TGIF (Grades 1-6) (\$10/session) Dinner is included.

Start your weekends off by having fun with friends at club. *Please come dressed for the activity and bring a water bottle.* The program alternates weeks between the Rutland Club and the Martin Avenue Club.

Fridays, **at Martin Ave Club - 5:30-8:00pm**

April 16 _____ April 30 _____ May 14 _____ May 28 _____ June 11 _____ June 25 _____

Please add an "X" to select your session(s)– add total fee: TOTAL \$ _____

Saturday Outdoor Adventures (Grades 1-6) \$10/session

Join us Saturday afternoons as we go exploring, play field games, and have fun with friends. Weekly programming may include going on walks, geocaching, field games, scavenger hunts, and more. The program alternates weeks between the Rutland Club and the Martin Avenue Club.

Saturdays, **at Martin Avenue Club - 1:00-4:00pm**

April 10 _____ April 24 _____

May 8 _____ (NO SESSION May 22)

June 5 _____ June 19 _____

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

TOTAL \$ _____

Registration Totals

Yearly Membership: (\$10.00) \$ _____

Homework Helpers \$ _____

Creative Arts \$ _____

Random Acts of Kindness \$ _____

Slimy Creations \$ _____

Cool Moves \$ _____

Discovery Lab \$ _____

TGIF \$ _____

Saturday Outdoor Adventures \$ _____

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 middleyearsrec@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): _____