



# Boys & Girls Clubs of the Okanagan

## PEACHLAND 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 – Peachland Club – 5684 Beach Ave.

**\*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: [webber@bgco.ca](mailto:webber@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:

## PEACHLAND CLUB SPRING TERM 2021 RECREATIONAL PROGRAMS

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

### Get Creative (Grades 1-6) (3-4:30pm)

Join us as we Get Creative and explore different art projects through various mediums.

Tuesdays, April 6<sup>th</sup> – 27<sup>th</sup>: String and Wire Art **\$20/4-weeks** \_\_\_\_\_

Tuesdays, May 4<sup>th</sup> – 25<sup>th</sup>: Sculpting **\$20/4-weeks** \_\_\_\_\_

Tuesdays, June 1<sup>st</sup> – 22<sup>nd</sup>: Nature Art **\$20/4-weeks** \_\_\_\_\_

**Please add an "X" to select the date(s) for Get Creative  
- then add total fee below:**

**TOTAL: \$ \_\_\_\_\_**

### Tuesday Night Youth Club (Grades 5 to 8) (5:00-7:30pm) **FREE WITH YEARLY MEMBERSHIP!**

Come spend Tuesday nights with friends as we hang out together playing games and doing fun crafts and activities.

Tuesdays: April 6<sup>th</sup> – June 22<sup>nd</sup> - *Pre-registration is required.*

April 6 \_\_\_\_\_ April 13 \_\_\_\_\_ April 20 \_\_\_\_\_ April 27 \_\_\_\_\_

May 4 \_\_\_\_\_ May 11 \_\_\_\_\_ May 18 \_\_\_\_\_ May 25 \_\_\_\_\_

June 1 \_\_\_\_\_ June 8 \_\_\_\_\_ June 15 \_\_\_\_\_ June 22 \_\_\_\_\_

**Please add an "X" to select the date(s) for  
Tuesday Night Youth Club**

■ **Pre-registration is required**

**Multi-Sport (Grades 1 - 6) (Thursdays 3:45–5:15pm) (\$5 per session)**

Come explore a new sport each week, including Dodgeball, Soccer, Baseball, and Basketball.

*Bring a water bottle.*

April 8 \_\_\_\_\_ April 15 \_\_\_\_\_ April 22 \_\_\_\_\_ April 29 \_\_\_\_\_

Please add an "X" to select the date(s) for Multi-Sport - then add total fee: **TOTAL: \$** \_\_\_\_\_

**Bounce Back League (BBL) Ultimate Frisbee (Grades 2-6) (3:45-5:15pm)**

Join us for the 8-week sport program focused on improving the physical and mental health of participants. This trauma-informed sports program helps to equip kids to better handle the ups and downs of life through the power of being part of a team. We invite participants of all levels to join us for some fun as we play Ultimate Frisbee.

Thursdays: May 6 – June 24: **(\$40/8-week session)** \_\_\_\_\_

Please add an "X" to select – then, add total fee: **TOTAL: \$** \_\_\_\_\_

**STEM Club (Grades 1-6) (Thursdays 5:30-7:00pm) (\$5 per session)**

Join us as we explore different areas of STEM through hands-on activities.

**April: Lego & K'nex Building** will challenge us to build creations using Lego and K'nex as our building blocks:

April 8 \_\_\_\_\_ April 15 \_\_\_\_\_ April 22 \_\_\_\_\_ April 29 \_\_\_\_\_

**May: STEM Challenges** are all about fun, weekly challenges to see how well our creations hold up. Think Egg Drop and Will this Boat Float? challenges:

May 6 \_\_\_\_\_ May 13 \_\_\_\_\_ May 20 \_\_\_\_\_ May 27 \_\_\_\_\_

**June: Science Lab** is all about testing out hypotheses and discover through hands-on science experiments:

June 3 \_\_\_\_\_ June 10 \_\_\_\_\_ June 17 \_\_\_\_\_ June 24 \_\_\_\_\_

Please add an "X" to select the date(s) for STEM Club - then add total fee below:

**TOTAL: \$** \_\_\_\_\_

Check out our program offerings at Webber Road for programming on  
Friday nights and Saturday afternoons.

### **Registration Totals**

Yearly Membership: (\$10.00) \$ \_\_\_\_\_

Get Creative: \$ \_\_\_\_\_

Youth Night: \$ FREE

Multi-Sport: \$ \_\_\_\_\_

Bounce Back League (BBL): \$ \_\_\_\_\_

STEM Club: \$ \_\_\_\_\_

**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.

INITIAL HERE

**Payment Form must be**  
**Included with all registrations.**  
**Thank you!**

Please email registration and payment form to [webber@bgco.ca](mailto:webber@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.)

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## 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

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## 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): \_\_\_\_\_