

RUTLAND 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 – Rutland Club – 355 Hartman 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: middleyearsrec@bgco.ca

* NOTE: Please submit one application per child.

PARENT/GUARDIAN INFORMATION: First Name: Last Name: Cell: Home: Work: Email: CHILD INFORMATION: Legal Last Name: First 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: RUTLAND CLUB SPRING TERM 2021 RECREATIONAL PROGRAMS Pre-registration required – Select your program by adding fee amount in TOTAL section Multi-Sport (Grades 1-6) (Wednesdays, 3:30-5:00pm) Come explore a new sport each week, including Frisbee, Soccer, Baseball, and Basketball. This program will take place outside so please come dressed for the weather. Bring a water bottle, Please add an "X" to select **\$20/4-weeks**: April 7, April 14, April 21, April 28 your choice(s) -**ADD TOTAL FEE BELOW: \$7.50/session**: April 7 _____ April 14 ____ April 21 ____ April 28 ____ TOTAL \$ Bounce Back League (BBL) Ultimate Frisbee (Grades 2-6) (Wednesdays, 3:30-5:30pm) 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. Please add an "X" to select –add fee below: Wednesdays: May 5 – June 23: **(\$40/8-week session**) TOTAL: \$ _____

Eco Warriors (Grades 1-6) (Wednesdays, 5:30-7:00pm) (\$7	7.50/session OR \$20/4-weeks)
Join us as we tackle various projects that all revolve around nature. focused on one theme.	Each month will feature a 4-week session
In "Nature Art" we will create various art projects utilizing nature as our	inspiration and as part of our materials:
Nature Art, \$7.50/session : April 7 April 14	April 21 April 28
Nature Art, \$20/4-weeks : April 7, April 14, April 21, A	April 28
<u>"Earth Savers"</u> is all about ways we can give back to the environment. Jo choices. We will create our own beeswax wraps, composters, and recycled	
Earth Savers, \$7.50/session : May 5 May 12	May 19 May 26
Earth Savers, \$20/4-weeks : May 5, May 12, May 19,	May 26
<u>"Eco Scientists"</u> will look to explore various science activities and experim	nents that focus on nature:
Eco Scientists, \$7.50/session : June 2 June 9 _	June 16 June 23
Eco Scientists, \$20/4-weeks : June 2, June 9, June 16	5, June 23
Please add an "X" to select choice(s) – THEN, TOTAL \$ OF ALL SELEC	CTED CHOICE(S) HERE: \$
<u>Escape Room (Grades 2 – 6)</u> (Thursdays, 5:30-7:00pm) (\$7	7.50/session OR \$20/4-weeks)
Join us as we build our own in-club escape room and challenge our fr week we will add different elements to our escape rooms and on the	•
\$7.50/session : April 8 April 15 April 22 _	April 29
\$20/4-weeks : April 8, April 15, April 22, April 29	<u></u>
Please add an "X" to select choice(s) — THEN, TOTAL \$ OF ALL SELE	ECTED CHOICE(S) HERE: \$
Homework Helpers (Grades 2 - 7) (Thursdays, 3:30 – 5:00pm	m) (\$E/cossion)
Homework Helpers (Grades 2 - 7) (Hidrsdays, 5.30 - 5.00pm	III) (\$3/3ession)
Are you needing help with your homework? Wanting some time for extra pr different puzzles? Join us for Homework Helpers where staff can help you w different puzzles and worksheets, and help you prepare for that upcoming to enrollment numbers we cannot guarantee 1:1 support for your child for the provide support to all participants in attendance.	with homework, give you extra practice through est by quizzing you. Please note, based on a duration of the program as staff will work to
April 8 April 15 April 22 April 29	Please add an "X" to select your session(s) – add total fee below:
May 6 May 13 May 20 May 27	TOTAL \$

Mystery Box Cooking (Grades 2-6) (Thursdays, 5:30-7:00pm)

Join us as we unbox mystery ingredients each week	that we will turn into new edible creations.
\$7.50/session : May 6 May 13 May	ALL SELECTED CHOICE(S)
\$20/4-weeks : May 6, May 13, May 20 May 27	HERE: \$
Group Games (Grades 2 – 6) (Thursdays, 5:3	0-7:00pm) (\$7.50/session OR \$20/4-weeks)
	and learn some new ones. Fishes and Whales, Chuck the ele and running shoes as we have some fun in the gym
\$7.50/session: June 3 June 10 Jul	Please add an "X" to select choice(s) – ne 17 June 24 THEN, TOTAL \$ OF ALL SELECTED CHOICE(S)
\$20/4-weeks : June 3, June 10, June 17, June 24	
water bottle. The program alternates weeks between Fridays, at Rutland Club - 5:30-8:00pm	t club. <i>Please come dressed for the activity and bring a</i> n the Rutland Club and the Martin Avenue Club.
April 9 April 23 May 7 May 21	– add total fee below:
June 4 June 18	TOTAL \$
Join us Saturday afternoons as we go exploring, play	· · · · · · · · · · · · · · · · · · ·
programming may include going on walks, geocachin program alternates weeks between the Rutland Club	· · · · · · · · · · · · · · · · · · ·
Saturdays, at Rutland Club - 1:00-4:00pm	
April 17	Please add an "X" to select your session(s) — add total fee below:
May 1 May 15 May 29	TOTAL \$
June 12 June 26	

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Registration Totals		<u>i</u>
Yearly Membership: (\$10.00)	\$	ALL MEMBERS: I UNDERSTAND THAT FEES
<u>Multi-Sport</u>	\$	WILL BE PROCESSED WHEN REGISTRATION IS RECEIVED, TO THE CREDIT CARD
Bounce Back League (BBL)	\$	NUMBER PROVIDED ON THE PAYMENT
Eco Warriors	\$	FORM, AS A PRE-AUTHORIZED PAYMENT FOR THE TOTAL COST OF ALL FEES UPON
Escape Room	\$	RECEIPT OF APPLICATION.
Homework Helpers	\$	I also understand that recreation program fees are non-refundable.
Mystery Box Cooking	\$	INITIAL HERE
Group Games	\$	INITIAL HERE
<u>TGIF</u>	\$	Payment Form must be
Saturday Outdoor Adventures	\$	Included with all registrations. Thank you!
Total Recreation Payment D	ue: \$	
Please email registration	on and paymen	: form to middlevearsrec@bgco.ca

Parent Signature: _	Date: (MM/DD/YYYY)
Staff Signature:	Date: (MM/DD/YYYY)



Office Use Only:	Memb	ership Fee □Yes	s □ No	Transportation Required: ☐ Yes	□ No
Club Name:					
Initial Program Ro	egistered**			Start Date:	
**If you have participated	d in other Okanaga	n Boys and Girls	Club programs, plea	ase check with the Club before filli	ng out this form.
answers you provide will necessary.	be kept completely	/ confidential. You	ur cooperation in pro	or the funding our Organization reconviding this information is both appr	eciated and
Member Informat	ion:				
Last Name:		First Name:		Middle Name:	
Preferred Names:			Date of Birth (m	nonth/day/year): /	1
Height:W	/eight (lbs):	Hair C	Colour:	Eye Colour:	
Allergies?			Gender: □ Male	□ Female □ Transgender	□ Other
Photo or Digital Imaç	ge"? □ Yes □ N	o "Digital pi	noto of child mus	st accompany this registration	i iorm.
Primary Contact:	(Parent or Lega	al Guardian)			
Last Name:			_ First Name:		
Email Address:					
Mailing Address:					
				Postal Code:	
•				Mobile Phone:	
Place of Employmen	nt:				
Please check best n	umber to reach	the person:	□ Home Phone	□ Work Phone □ Mobile	Phone
Family Password*:					
*Note: In order to	arrange alternate	e pick-up the par	rent/guardian mus	t confirm their family password ernate arrangements.	over the phone
Authorized Pickup?	□ Yes □ No		Emerge	ency Contact? Yes No	
Relationship to mem	ber:(Please che	ck all that apply	y)		
□ Lives With	□ Father	□ Mother	☐ Shared Custo	dy □ Step-parent	
□ Foster Parent□Other:		□ Sibling	□ Grandparent	□ Social Worker	

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

Rev



Last Name:		First Name	:		
Email Address:					
Mailing Address:					
City:		Province		Postal Code	:
Home Phone#:	Work I	Phone #:	Мо	bile Phone: _	
Place of Employment :				· · · · · · · · · · · · · · · · · · ·	
Please check best numb	er to reach the perso	n: □ Home Phon	e 🗆 Work F	hone □ Mo	obile Phone
Authorized Pickup?	Yes □ No	Em	ergency Conta	act? Yes	□ No
Relationship to member	: (Please check all tha	at apply)			
□ Lives With □	Father Mothe	er □ Shared C	ustody 🗆	Step-parent	
□ Foster Parent□ Other:	Guardian 🗆 Sibling	ıg □ Grandpar	ent 🗆	Social Worker	
		· ·			gal guardian)
-	(*Please ensure that a	at least one emergen	cy contact is no	nt a parent or le	
Additional Contact:	(*Please ensure that a	at least one emergen	cy contact is no	nt a parent or le	
Additional Contact: Last Name :	(*Please ensure that at	nt least one emergen Fire	cy contact is no	e Phone:	
Additional Contact: Last Name : Home Phone#:	(*Please ensure that at	on: Home Phone	cy contact is no st Name: Mobile c	e Phone:	Mobile Phone
Additional Contact: Last Name : Home Phone#: Please check best numb	(*Please ensure that at the control of the personal of the per	on: Home Phone	cy contact is no st Name: Mobile c	e Phone:	Mobile Phone
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup?	(*Please ensure that at which the personal content of	one #: Home Phone Emergency	ey contact is not st Name: Mobile Work	e Phone:	Mobile Phone
Additional Contact: Last Name : Home Phone#: Please check best numb	(*Please ensure that at work Phoper to reach the person Province Yes □ No	nt least one emergender First One #: Home Phone Relationsh Emergency	ey contact is not st Name: Mobile Work hip to Member	e Phone: Phone □ Yes □ No	Mobile Phone
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup?	(*Please ensure that at work Photes of the person Province Yes □ No	nt least one emergender First one #: Home Phone Emergency legal quardian) First	ey contact is not st Name: Mobile District Member Contact?	e Phone: Phone Yes □ No	Mobile Phone
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup? Additional Contact: Last Name :	(*Please ensure that at work Phoper to reach the person Province Yes □ No (Other than parent or I Work Phoper to the person Province Yes □ No	nt least one emergender First One #: Home Phone Relationsh Emergency legal guardian) First One #: First Cone #:	ey contact is not st Name: Mobile	e Phone: Yes □ No	Mobile Phone



Primary Language Spoken:	Otner Languages	spoken:
Ethnic Origin: Indig	genous People (Please note	ancestry):
Indigenous People – Please provide info	rmation on names/bands, n	ations and location/province?
Are you a new Canadian? Yes No	Refugee? Yes No	Military Family? □ Yes □ No
Combined Family Income: ☐ Undisclosed ☐ \$50,000 to \$75	□ \$0.00 to \$5,000 □ \$5,000 5,000 □ \$75,000 to \$100,000	
Name of School:		Grade:
Teacher's name:		
Physician's Name:	Clinic:	Phone:
Health Care Card # (MANDATORY):		Province:
Does the member have an illness or med	lical disability? □ Yes □ No	
If yes, please list the medically diagnose	d condition (Care Plan requ	ired):
Is additional support required? (Care Pla	an may be required) 🗆 Yes	s 🗆 No
Immunization Status (MANDATORY): □ C	Complete Incomplete*	□ Not Immunized*
If "Complete", is a copy of the records at	ttached to membership?	yes □ No
*NOTE: If the child's immunization records are outbreak, the Ministry of Health may require chil		
Swimming ability: □ Strong Swimmer □ C	apable Swimmer Weak Swimn	ner Non Swimmer



<u>Alerts</u> : Date of ale	ert (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 Desc	ription:
<u>Authoriza</u>	ition, Consents, and Waivers (Please sign or initial in each applicable area)
• Video. Ph	otographs and Social Media
	y be times when television, newspapers, or other photographers will want to take individual or group
	f our members taking part in activities. This would most often be done to promote Boys and Girls Clubs
	ograms through but not limited to print material, media and social media. Should you not want your child lived in such coverage please address this in writing to the Program Coordinator or Program Supervisor.
	ardian/member authorizes member to participate in surveys for program evaluation
	mergencyf accident or illness, I authorize the caregiver to administer first aid and/or to be taken to the nearest
	cy centre by the Boys and Girls Club Staff when I cannot be contacted. I consent for my child to
receive n	nedical treatment. I consent that in the event of a severe illness/injury the means of transportation y ambulance at a cost to myself.
•	•
• Parent/g	uardian gives consent for member to take part in out-trips
	uardian gives permission for member to have in/out privileges, including walking home alone to Recreation Programs Only—Please note that an additional letter may be requested)
• Impairme	ent
	appear to staff that a parent/caregiver is impaired the staff will offer to call a relative or friend to pick
caregiver	arent/ caregiver and child. If this is not acceptable they will offer to call a cab. Should the parent / insist on driving the staff will call the RCMP. A call will also be made to the Ministry for Children & o inform them of the risk to the child.
Suspecte	d 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 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
	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):