



Boys & Girls Clubs of the Okanagan

WEBBER RD COMMUNITY CENTRE
SPRING TERM 2021 RECREATION
REGISTRATION (INVOICE)
This is your invoice –no other invoice will be issued or sent to you.
BOYS AND GIRLS CLUBS – Webber Rd. Club – 2829 Inverness 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: 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:

[]

WEBBER RD CLUB

SPRING TERM 2021 RECREATIONAL PROGRAMS

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

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

Join us Saturday afternoons as we explore the outdoors. We will visit parks, play outdoor games, and participate in activities to connect us to the land and nature around us.

Select your session(s) (no sessions April 3 / May 22):

Saturdays: April 10 [] April 17 [] April 24 []

Saturdays: May 1 [] May 8 [] May 15 [] May 29 []

Saturdays: June 5 [] June 12 [] June 19 [] June 26 []

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

THEN ADD TOTAL \$ OF ALL SELECTED SESSION(S) HERE:

\$ []

Escape Room (Grades K – 4) Tuesdays, 4:00pm-5:30pm (\$5/session)

Test your skills to see if you can escape and if you can challenge your friends to escape. Each week we will escape from a room and work to create our own escape room to challenge our friends.

March 30 _____ April 6 _____ April 13 _____ April 20 _____ April 27 _____

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

Mad Scientists (Grades K – 6) Tuesdays, 4:00pm-5:30pm (\$5/session)

Join us for science experiments and exploration. Be prepared to get messy as we test hypotheses.

May 4 _____ May 11 _____ May 18 _____ May 25 _____

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

Earth Savers (Grades K – 4) Tuesdays, 4:00pm-5:30pm (\$5/session)

Each week we will explore ways we can learn to give back to our environment. Help us make more eco-friendly choices through gardening, recycled creations, and composting.

June 1 _____ June 8 _____ June 15 _____ June 22 _____

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

Kids in the Kitchen (Grades 2-6) (Wednesdays 3:30-5:30pm)

Each month features a different cooking theme that will test our skills in both cooking and baking.

"Chopped" Kids Cooking will put your cooking skills to the test as we turn the ingredients in our mystery boxes into meals:

Chopped, **\$10/session**: March 31 _____ April 7 _____ April 14 _____ April 21 _____ April 28 _____

Chopped, **\$40/5-weeks**: March 31, April 7, April 14, April 21, April 28 _____

"Nailed It" Kids Cooking will test our skills as we try to recreate tasty treats:

Nailed It, **\$10/session**: May 5 _____ May 12 _____ May 19 _____ May 26 _____

Nailed It, **\$30/4-weeks**: May 5, May 12, May 19, May 26 _____

"Team Bake Off" is a fun bake off competition where participants will be paired up to create a yummy treat:

Team Bake Off, **\$10/session**: June 2 _____ June 9 _____ June 16 _____ June 23 _____

Team Bake Off, **\$30/4-weeks**: June 2, June 9, June 16, June 23 _____

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

Sports Club (Grades 1-6) (Wednesdays 5:30-7:00pm)

Join us to practise your skills in a different sport each month.

"Floor Hockey":

Floor Hockey **\$5/session**: March 31 _____ April 7 _____ April 14 _____ April 21 _____ April 28 _____

Floor Hockey **\$20/5-weeks**: March 31, April 7, April 14, April 21, April 28 _____

"Basketball":

Basketball **\$5/session**: May 5 _____ May 12 _____ May 19 _____ May 26 _____

Basketball **\$15/4-weeks**: May 5, May 12, May 19, May 26 _____

"Baseball":

Baseball **\$5/session**: June 2 _____ June 9 _____ June 16 _____ June 23 _____

Baseball **\$15/4-weeks**: June 2, June 9, June 16, June 23 _____

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

Friday Night Fun (Grades K – 4) 5:00 – 8:00pm (\$10/session)

Start your weekend off right! Join us for dinner and fun. When it is safe to do so, we will venture into the community for a fun night out. Until then, we will participate in fun club activities such as hide and seek, glow bowling, games nights, and more. *Dinner is provided.*

Select your session(s) (no session April 2):

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

Fridays: May 7 _____ May 14 _____ May 21 _____ May 28 _____

Fridays: June 4 _____ June 11 _____ June 18 _____ June 25 _____

Please add an "X" to select your session(s) THEN ADD TOTAL \$ OF ALL SELECTED SESSION(S) HERE: \$ _____

Youth Night (Ages 10+) 6:00-9:00pm - FREE WITH MEMBERSHIP – MUST PRE-REGISTER

Come hang out with us on Friday nights as we have fun together through crafts, games, sports, out trips, field games, and more. Invite your friends to join you and start your weekend off right!

Select your session(s) (no session April 2):

Fridays: Apr 9 _____ Apr 16 _____ Apr 23 _____ Apr 30 _____

Fridays: May 7 _____ May 14 _____ May 21 _____ May 28 _____

Fridays: June 4 _____ June 11 _____ June 18 _____ June 25 _____

Please add an "X" to select your session(s)
Pre-registration is required
\$ **FREE**

Registration Totals

Yearly Membership: (\$10.00) \$ _____
Saturday Outdoor Explorers: \$ _____
Escape Room: \$ _____
Mad Scientists: \$ _____
Earth Savers: \$ _____
Kids in the Kitchen: \$ _____
Sports Club: \$ _____
Friday Night Fun: \$ _____
Youth Night: \$ FREE _____
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 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.)

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 therefore 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 from, 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): _____