

PARENT/GUARDIAN INFORMATION:

MARTIN AVENUE CLUB - 1434 Graham Street, Kelowna RECREATION SUMMER TERM 2021 REGISTRATION (INVOICE)

This is your invoice -no other invoice will be issued or sent to you.

*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 (available on website), back to: middleyearsrec@bgco.ca

* NOTE: Please submit one application per child.

First Name:		Last Name:		
Home:	Cell:		Work:	
Email:				
CHILD INFORMATION:			,	
First Name:		Legal Last	Name:	
GRADE (Sept 2021): Child	must have completed Kin	dergarten June	2021 MEI	MBER: NEW EXISTING
Does your child have a med	. •	-		?
☐ No ☐ Yes If yes, plea	se explain below (Care	Plan may be r	equired):	
_	LUB – SUMMER required // Select you	_		
_	required // Select you	(Mondays	adding fee amount in	TOTAL section Opm)
Pre-registration	(Ages 6 – 12 years) nership with BGC Canapht not otherwise have begram that uses the g	(Mondays FREE WITH ada, offers the the opportu	adding fee amount in a second	Opm) OT PRE-REGISTER and engaging baseball recreational or organized to teach children the
Pre-registration ays Care Rookie League (ays Care Foundation, in part rogram for children who mig ports. Rookie League is a promportance of team work, cookie co	n required // Select you (Ages 6 – 12 years) nership with BGC Canalyth not otherwise have ogram that uses the goperation, and self-est	(Mondays FREE WITH ada, offers the the opportu	adding fee amount in a second	Opm) OT PRE-REGISTER and engaging baseball recreational or organized to teach children the
ays Care Rookie League (ays Care Foundation, in part rogram for children who mig ports. Rookie League is a pro mportance of team work, coo nd comradery.	n required // Select you (Ages 6 – 12 years) nership with BGC Canalyth not otherwise have begram that uses the gram that uses	(Mondays FREE WITH ada, offers the the opportuame of baseleem. Join us	adding fee amount in a second	Opm) OT PRE-REGISTER and engaging baseball recreational or organized to teach children the orning of fun, skill building,
ays Care Rookie League (ays Care Foundation, in part rogram for children who mig ports. Rookie League is a pro mportance of team work, coo nd comradery. All equipment is pro	n required // Select you (Ages 6 – 12 years) nership with BGC Canalyth not otherwise have ogram that uses the gram that uses	(Mondays FREE WITH ada, offers the the opportuame of basebeem. Join us	Adding fee amount in a second	Opm) OT PRE-REGISTER and engaging baseball recreational or organized to teach children the orning of fun, skill building,
ays Care Rookie League (ays Care Foundation, in part rogram for children who mig ports. Rookie League is a promportance of team work, coond comradery. All equipment is prompting a water bottle	n required // Select you (Ages 6 – 12 years) nership with BGC Canalyth not otherwise have ogram that uses the gram that uses	(Mondays FREE WITH ada, offers the the opportuame of basebeem. Join us	MEMBERSHIP – MUStais safe, fun, active, a nity to participate in on the field for a more propriate footweather. Please add an "X" TOTAL \$ OF ALL SE	Opm) TOTAL section Opm) TOTAL section Opm) TOTAL section Opm) TOTAL section Opm) Opmin Opm

Leaders In Training (L.I.T.) (Ages 10 - 14 years) (Mondays, 12:30 - 3:30PM) (\$20/day) Our Leaders In Training program focuses on building leadership skills and self-esteem in youth, while also providing a fun summer experience. Our LIT program offers participants an opportunity to give back to others and gain a sense of responsibility. The group will participate in various activities and projects throughout the summer to foster leadership skills and positive self-esteem. Lunch is provided. We will be providing pick up and drop off from our Rutland Club. Initial here if you require pick up and drop off from Rutland Club in order to participate in LIT program taking place at Martin Ave Club. July 5 _____ July 12 ____ July 19 ____ July 26 ____ Please add an "X" to select your day(s) **TOTAL \$ OF ALL SELECTED DAY(S) HERE:** Aug 9 _____ Aug 16 ____ Aug 23 ____ (No Program August 2nd) Adventure Daytrips (Ages 6 - 12 years) (Tuesdays, Thursdays, 9:00am - 3:00pm) (\$40/day) Join us on our exciting out trips that will be taking place each week. We will get out and explore lots of fun and exciting activities in and around our community. Please note: a detailed schedule of out trips for the summer will be released in June. Our destinations will depend on Public Health Restrictions and Operational Policy in place at the time. **New this year,** we will be offering pick up/drop off from our Cedar Creek location in addition to Martin Avenue.

Please bring nut-free snacks, lunch, water bottle, sunscreen and hat. Please remember to wear appropriate footwear for the activity and bring a bathing suit/towel when needed.

	Pick Up	Drop Off Loc	ation:	Cedar Creek	Martin Avenue
Tuesdays: July	y 6 J	luly 13	July 20	July 27	
Tuesdays: Aug	g 3 <i>F</i>	Aug 10	Aug 17	Aug 24	Please add an "X" to select the day(s) - THEN, TOTAL \$ OF ALL SELECTED DAY(S) HERE:
Thursdays: Jul	ly 8	July 15	July 22	July 29	
Thursdays: Au	ıg 5	Aug 12	Aug 19	_ Aug 26	TOTAL: \$

Thea	tre Camp or		ou are no	ot sure of their	r interest aı	nd commitmer	nt? Creative	king to go to a Kids provides a
Plea	se bring nu	t-free snacks	s, lunch,	water bottle	, sunscree	en and hat.		
	-	- July: Theatre and activities.	•			-		ance through a
	\$17	20/4-weeks July	<u>OR</u>	\$35/day:	July 7	July 14	July 21	July 28
the a spark mont	rts. Weeks w a new inter h. <i>Please w</i>	vill include an e	exploration skills. The shat can	n into painting e final week w get messy. W	, sculpting, ill include a	cartooning, as	nd mixed me all our art pr	ojects from the
	\$12	20/4-weeks Aug	<u>OR</u>	\$35/day:	Aug 4	Aug 11	Aug 18	Aug 25
		dd an "X" to sele						\$
Join wentu	us Friday mo ire to new pa group will pa		xplore the to explore d-based le	e great outdoo e the many pa	rs of the O rks, hiking	kanagan. Each trails, and nat	week Okan ure areas the	agan Explorers will ere are to enjoy. enjoy a picnic
	. Our desti							e released in Policy in place at
Plea	se bring a v	vater bottle,	hat, sun	screen, and	wear appr	opriate foot	wear.	
	July 9	July 16	_ July 23 ₋	July 30 _				ect the date(s) — LECTED DATE(S)
	Aug 6	Aug 13	_ Aug 20 _	Aug 27 _		т	OTAL: \$	

<u>Creative Kids (Ages 7 – 12 years)</u> (Wednesdays, 9:00am – 3:00pm) (\$120/4-weeks OR \$35/day)

Registration Totals	į	
Yearly Membership: (\$10.00) Jays Care Rookie League Leaders In Training (LIT): Adventure Daytrips: Creative Kids:	\$ \$FREE_ \$ \$	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.
Okanagan Explorers:	\$ \$	PAYMENT FORM from our website:
Total Recreation Payment Due:	\$	www.boysandgirlsclubs.ca MUST be included with all registrations. Thank you!

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

Please email this registration AND a payment form to middleyearsrec@bgco.ca



Membership Information - Checklist

We are so excited that you want to become a member of BGC Okanagan! Please see the information below for details of what is included in a BGCO membership and for requirements to become a member.

What does it mean to have a BGC Okanagan membership?

Memberships to BGC Okanagan are \$10 per year, per child, and membership means that you and your child will have access to all of our many programs and services that we offer across the Okanagan valley both in person and virtually!

How do I become a member?

Becoming a member is easy! Please see below for all you need to know about becoming a member.

All new and renewing program applications and registrations must be accompanied by the following:

Child Member Information Form – this can be found on our website or may be attached directly to a
program application or registration form. All of our forms are electronic and all fields must be completed
prior to submission.
A digital photo of your child – this is used to identify the member, so we ask that photos are taken from
the shoulders up with no obstructions of the face/head. Important: Please ensure to include your child's
first and last name in the photo file name and in the subject line of your email submission. If you have more
than one child, please submit separate photos for each child.
Child's immunizations - indicated on page 3 of the Child Member Information Form. If your child is
immunized, <u>records must be included</u> in your email submission.
BGC Okanagan Payment Form – all payments for programs and membership fees are processed using pre-
authorized payment.
 Recreation Program Payments – <u>pre-auth credit card only</u>. Credit card information is not stored
and therefore we require you to provide this form whenever you register your child for a new
recreation program.
 Licensed Program Payments (after school care, daycare, preschool, full day break programs) –
pre-auth credit card or pre-auth debit from your bank. Information is collected once for the term
of your Service Agreement and is resubmitted when a new Service Agreement term occurs.
Membership fee – Pay or renew your child's \$10.00 annual membership fee. Fee will be charged according
to the methods above.
Your child's health care number (MSP) – indicated on page 3 of the Child Member Information Form.
An additional emergency contact – indicated on page 2 of the Child Member Information Form. This should
be a contact in addition to the child's parents/guardians.
A family password – indicated on page 1 of the Child Member Information Form. If reporting a child to be
absent from program or if authorizing a pick-up person over the phone, then the family password is required
to confirm identity.

If you are registering your child for <u>licensed care</u> (After school care, Daycare or Preschool), the following must als be included:
 □ A completed Service Agreement – outlines the terms of service for the licensed care programs. □ Affordable Child Care Benefit (ACCB) approval – ACCB is a government subsidy program that parents/guardians can apply for, which if approved, can be applied to licensed child care fees. For an questions pertaining to ACCB, please visit the Ministry website at:
https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care-funding/child-care-benefit/apply
Reminder: Memberships must be <u>renewed annually by completing and submitting all the information outline above</u> , along with paying the \$10 membership fee.
BGC Okanagan welcomes you!



CHILD MEMBER INFORMATION FORM

Office Use Only:	Memb	pership Fee 🗆 Y	es □ No	Transportation Req	uired: □ Yes	□ No
Club Name:						
Initial Program R						
**If you have participate						
Confidentiality: Any canswers you provide will necessary.	be kept completel	ly confidential. Y	our cooperation in p		n is both appre	ciated and
Member Informat						
Last Name:		First Name	o:	Middle Nar	ne:	
Preferred Names:			Date of Birth	(month/day/year):	1	1
Height:V	Veight (lbs):	Hair	Colour:	Eye Colou	ır:	
Allergies?			Gender: □ Ma	ıle □ Female □ Tra	nsaender	□ Other
Photo or Digital Imag	-		-	ust accompany this	_	
Primary Contact:						
Last Name:			First Name: _			
Email Address:						
Mailing Address:						
City:					al Code:	
Home Phone#:		work Phor	ne #:	Wobile Pri	one:	
Place of Employme	nt:					
Please check best r	umber to reach	the person:	□ Home Phone	□ Work Phone	□ Mobile F	Phone
Family Password*:						
				ust confirm their famil alternate arrangement		ver the phone
Authorized Pickup?	□ Yes □ No)	Emer	gency Contact? □ `	Yes □ No	
Relationship to mem	ber: <i>(Please che</i>	eck all that app	oly)			
□ Lives With	□ Father	□ Mother		tody □ Step-par	ent	
□ Foster Parent □Other:	□ Guardian	□ Sibling	□ Grandparen	ıt □ Social W	orker/	

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

Rev. May 2021



Last Name:		First Name:	
Email Address:			
Mailing Address:			
City:	Pro	vince	Postal Code:
Home Phone#:	Work Phone #:		Mobile Phone:
Place of Employment :			
Please check best numb	per to reach the person: □ ŀ	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□ Other:	Guardian □ Sibling □	□ Grandparent	□ Social Worker
	r in involved? □ Yes □ No ((*Please ensure that at least on		
Additional Contact:	(*Please ensure that at least on	ne emergency conta	er MUST be attached.) act is not a parent or legal guardian)
Additional Contact: Last Name :	(*Please ensure that at least on	ne emergency conta	nct is not a parent or legal guardian)
Additional Contact: Last Name : Home Phone#:	(*Please ensure that at least on	ne emergency conta	nct is not a parent or legal guardian)
Additional Contact: Last Name : Home Phone#: Please check best numb	(*Please ensure that at least on Work Phone #: Der to reach the person:	ne emergency conta	ect is not a parent or legal guardian) : Mobile Phone:
Additional Contact: Last Name : Home Phone#: Please check best numb	(*Please ensure that at least on Work Phone #: per to reach the person: □ F	First Name Home Phone	ict is not a parent or legal guardian) :
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup?	(*Please ensure that at least on Work Phone #: Der to reach the person: □ F Province Yes □ No	First Name Home Phone Relationship to M Emergency Contact	ict is not a parent or legal guardian). Mobile Phone: Work Phone Mobile Phore ember:
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup?	(*Please ensure that at least on Work Phone #: per to reach the person: □ F	First Name Home Phone Relationship to M Emergency Contact rdian)	Mobile Phone: Work Phone
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup? Additional Contact: Last Name :	(*Please ensure that at least on Work Phone #: per to reach the person: □ F Province Yes □ No I (Other than parent or legal gua	First Name Home Phone Relationship to M Emergency Contact rdian) First Name	ict is not a parent or legal guardian). Mobile Phone: Work Phone Mobile Phore ember:
Additional Contact: Last Name : Home Phone#: Please check best numb City: Authorized Pickup? Additional Contact: Last Name :	(*Please ensure that at least on Work Phone #: per to reach the person: □ F Province Yes □ No I (Other than parent or legal guan) Work Phone #:	First Name Home Phone Relationship to M Emergency Contact rdian) First Name	Mobile Phone: Work Phone



Primary Language Spoken:	Other Languages spoken:	
Ethnic Origin: Indig	genous People (Please note ancestry):	
``	rmation on names/bands, nations and location/province	
Are you a new Canadian? □ Yes □ No	Refugee? Yes No Military Family? Yes No	0
Combined Family Income: □ Undisclosed	□ \$0.00 to \$5,000 □ \$5,000 to \$25,000 □ \$25,000 to \$55,0	00
□ \$50,000 to \$75	5,000 □ \$75,000 to \$100,000 □ \$100,001and up	
Name of School:	Grade:	
Teacher's name:		
	Clinic: Phone:	
	Province:	
Treatti Gare Gard # (MANDATOKT).	1 Tovince.	
•	cting the child's diet, medication, participation in a prog	
Does the member have an illness or med	dical disability? Yes No	
If yes, please list the medically diagnose	ed condition (Care Plan required):	
Is additional support required? (Care Pla	an may be required) 🗆 Yes 🗆 No	
Immunization Status (MANDATORY): □ 0	Complete □ Incomplete* □ Not Immunized*	
If "Complete", is a copy of the records at	ttached to membership? □ Yes □ No	
	incomplete, or if child is not immunized, in the event of a disease ld to remain absent from Okanagan Boys and Girls Clubs' progran	ns.
Swimming ability: □ Strong Swimmer □ C Comments:	Capable Swimmer	



Girls Club employees will adhere to the Act.

Alerts: Date of ale	ert (mm/dd/yyyy)://
	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:
Alore Book	
A415 ai - a	tion Consents and Mairon (B)
Autnoriza	tion, 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
•	lyed in such coverage please address this in writing to the Program Coordinator or Program Supervisor.
• Parent/gu	ardian/member authorizes member to participate in surveys for program evaluation
Medical E	mergency
In case o	f accident or illness, I authorize the caregiver to administer first aid and/or to be taken to the nearest
	by centre by the Boys and Girls Club Staff when I cannot be contacted. I consent for my child to 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
up the pa	rent/ 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
	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



•	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 Parant/Logal Cuardian (places print)
	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):