



Boys & Girls Clubs of the Okanagan

**VERNON CLUB – 3300 37th Avenue, Vernon
RECREATION SPRING TERM 2021 April-June
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 back to: vernon@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:

VERNON CLUB - SPRING TERM 2021 - RECREATIONAL PROGRAMS

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

DIY Tuesdays (ages 7-12 yrs)

Do It Yourself – Teaching kiddos new simple and delicious recipes!

March 30th – **6:00pm-8:30pm: (\$5/night)** _____

Please add an "X" to select your night

TOTAL \$ OF SELECTED NIGHT HERE:
\$ _____

DIY Tuesdays (ages 7-12 yrs)

Do It Yourself – Teaching kiddos new simple and delicious recipes!

April 6th, 13th, 20th, 27th - **6:00pm-8:30pm: (\$20/4 sessions)** _____

May 4th, 11th, 18th, 25th – **6:00pm-8:30pm: (\$20/4 sessions)** _____

June 1st, 8th, 15th, 22nd, 29th – **6:00pm-8:30pm: (\$25/5 sessions)** _____

Please add an "X" to select your program(s)

TOTAL \$ OF SELECTED PROGRAM(S) HERE:
\$ _____

Wacky Wednesdays (ages 7-12 yrs) 6:00pm-8:30pm - FREE WITH MEMBERSHIP – MUST PRE-REGISTER

An evening of Gym fun!

March 31st: _____

April 7th: _____ April 14th: _____ April 21st: _____ April 28th: _____

May 5th: _____ May 12th: _____ May 19th: _____ May 26th: _____

June 2nd: _____ June 9th: _____ June 16th: _____ June 23rd: _____ June 30th: _____

Please add an "X"
to select your
evening(s)

Thrilling Thursdays (ages 7-12 yrs) 6:00pm-8:30pm - FREE WITH MEMBERSHIP – MUST PRE-REGISTER

Join us for an evening of gym or playground FUN!

April 1st: _____ April 8th: _____ April 15th: _____ April 22nd: _____ April 29th: _____

May 6th: _____ May 13th: _____ May 20th: _____ May 27th: _____

June 3rd: _____ June 10th: _____ June 17th: _____ June 24th: _____

Please add an "X"
to select your
evening(s)

Fun Night Fridays (ages 7-12 yrs) 6:00pm-8:30pm (\$5/night)

A fun night of club activities. Each week has a highlighted activity.

April 9th: _____ April 16th: _____ April 23rd: _____ April 30th: _____

May 7th: _____ May 14th: _____ May 21st: _____ May 28th: _____

June 4th: _____ June 11th: _____ June 18th: _____ June 25th: _____

Please add an "X" to
select your night(s)
**TOTAL \$ OF SELECTED
NIGHT(S) HERE:**

\$ _____

Explore It! (ages 7-12 yrs) 10:00am-3:30pm: (\$20/day)

Saturdays are for Exploring!

Whether it's learning new skills or heading on a hike! There is always fun to be had!

April 3rd: _____ April 10th: _____ April 17th: _____ April 24th: _____

May 1st: _____ May 8th: _____ May 15th: _____ May 22nd: _____ May 29th: _____

June 5th: _____ June 12th: _____ June 19th: _____ June 26th: _____

Please add an "X"
to select your
day(s)

**TOTAL \$ OF ALL
SELECTED DAY(S)
HERE:**

\$ _____

Pro-D Adventures (ages 7-12 yrs) – see calendar for activity details ☺

Days out exploring the community, playing games, and having a ton of fun!

May 21st – **10:00am-3:30pm: (\$30/day)** _____

Please add an "X" to
select your day

TOTAL \$ FOR DAY HERE:

\$ _____

Registration Totals

Yearly Membership: (\$10.00) \$ _____

DIY Tuesdays (March 30th): \$ _____

DIY Tuesdays (April/May/June): \$ _____

Wacky Wednesdays: \$ FREE

Thrilling Thursdays: \$ FREE

Fun Night Fridays: \$ _____

Explore It!: \$ _____

Pro-D 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 vernon@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): _____