

PARENT/GUARDIAN INFORMATION:

First Name:

WEBBER RD CLUB - 2829 Inverness Road, West 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: webber@bgco.ca

* NOTE: Please submit one application per child.

Last Name

Home:	Cell:	Work:
Email:		
CHILD INFORMATION:		
First Name:	Legal	Last Name:
GRADE (Sept 2021): Child must ho	ave completed Kindergar	ten June 2021 MEMBER: NEW EXISTING
Does your child have a medically diagonal of the last	nosed condition that robelow (Care Plan may	•
	Select your progran	2021 - RECREATION PROGRAMS by adding fee amount in TOTAL section days, 10:00am – 12:00pm)
	FREE W	ITH MEMBERSHIP - MUST PRE-REGISTER
program for children who might not oth sports. Rookie League is a program tha	nerwise have the opp t uses the game of b	rs this safe, fun, active, and engaging baseball ortunity to participate in recreational or organized aseball as a foundation to teach children the n us on the field for a morning of fun, skill building,
All equipment is provided.		
Bring a water bottle, hat, su	nscreen, and wear	appropriate footwear.
July 5 July 12 July 19	9 July 26	Please add an "X" to select your session(s)
Aug 9 Aug 16 Aug 23 (<i>No Program August 2nd</i>)	3	TOTAL \$ OF ALL SELECTED SESSIONS HERE: \$ FREE

making summer n		red to get wet as we	a time to run around outside with friends play water games, set up the slip and slide, cool summer treat.
Please b	ring a water bottle,	hat, sunscreen, ba	thing suit and towel.
July 5 July	12 July 19	July 26	Please add an "X" to select your day(s)
Aug 9 Aug	16 Aug 23	_	TOTAL \$ OF ALL SELECTED DAY(S) HERE:
(No Program Augu	st 2 nd)		\$
child with a packe League to our afte Send you	lunch time care to ture de lunch and our staff wernoon Camp Kids Field with a packe	rn Mondays into a full will provide supervisio d Day. ed lunch.	DOpm) (\$5.00/day) day 10:00am - 4:00pm program. Send your n as they transition from Jays Care Rookie
July 5 July	12 July 19	July 26	Please add an "X" to select your session(s)
Aug 9 Aug 16 Aug 23		TOTAL \$ OF ALL SELECTED SESSIONS HERE:	
(No Program Augu	st 2 nd)		<u> </u>
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 Webber Road Club, as well as a community location in the middle of West Kelowna. Specific location will be released with the detailed schedule of out trips in June. The pick up/drop off location will be within a 3 km radius of West Kelowna City Hall. 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	Location: Web	ber Club	Central West Kelowna (see above)
Tuesdays: July 6	July 13 July 20	July 27	Wednesdays : See our Peachland Registration to register for Adventure Daytrips with pick up from Webber Road.
	_ Aug 10 Aug 17 _ July 15 July 22	-	Please add an "X" to select the day(s) — THEN, TOTAL \$ OF ALL SELECTED DAY(S)
	Aug 12 Aug 1		HERE: — TOTAL: \$

<u>Camp Kids Field Day (Ages 6 – 12 years)</u> (Mondays, 1:00 – 4:00pm) (\$20/day)

Sports Camp (Ages 8 – 12 years) (Wednesdays, 9:00am – 3	3:00pm) (\$140/4-weeks OR \$40/day)			
Our sports camp is for those looking to try a new sport or looking for an opportunity to practice skills. Our days will be spent practicing and playing the sport, as well as participating in fun games, activities and outings that are all sports-themed to give your child a well-balanced day of fun.				
All equipment provided. Participants can bring their own equipment	ent.			
Please bring a water bottle, hat, sunscreen and appropriate	footwear.			
Golf Camp in July will provide participants an opportunity to be expusing drivers and irons, putting, etiquette, rules, and more. We will skills, and fill out days with other golf-inspired activities such as Frist session of our golf camp will include playing 9-holes of golf at a golf week to join us for 9-holes*	take trips to local golf facilities to practice our bee golf, croquet, and more. The final			
\$140/4-weeks July	July 14July 21July 28			
Racquet Sports (Tennis & Pickleball) in August will be filled with lots of play and learning. We will split our days between Tennis and Pickleball, learning the techniques and rules for playing each sport. The final session of our Tennis & Pickleball Camp will include a tournament day complete with awards and prizes.				
\$140/4-weeks Aug <i>OR</i> \$40/day:Aug 4	Aug 11Aug 18Aug 25			
Please add an "X" to select the date(s) — THEN TOTAL \$ OF AL	LL SELECTED DATE(S) HERE: \$			
Fishing Fridays (Ages 6 – 12 years) (Fridays, 9:00am – 1:0	00pm) (\$25/day)			
Spend your Friday mornings with us during the summer as w fishing at some of our local fishing holes and have a picnic luequipment, if you don't have your own don't worry, we've go	ınch. You are welcome to bring your own			
Packed lunch included in the cost of registration!				
Equipment provided.				
Please bring a water bottle, hat, and sunscreen.	Please add an "X" to select the date(s) -			
July 9 July 16 July 23 July 30	THEN TOTAL \$ of ALL SELECTED DATE(S) HERE:			
Aug 6 Aug 13 Aug 20 Aug 27	TOTAL: \$			

Registration Totals		
Yearly Membership: (\$10.00)	\$	ALL MEMBERS: I UNDERSTAND THAT FEES WILL BE PROCESSED WHEN REGISTRATION IS RECEIVED, TO
Jays Care Rookie League	\$_FREE_	THE CREDIT CARD NUMBER PROVIDED ON THE PAYMENT FORM, AS A PRE-AUTHORIZED
Camp Kids Field Day	\$	PAYMENT FOR THE TOTAL COST OF ALL FEES UPON RECEIPT OF APPLICATION.
Lunch Time Care	\$	I also understand that recreation program fees are non-refundable.
Adventure Daytrips	\$	
Sports Camp	\$	INITIAL HERE
Fishing Fridays	\$	PAYMENT FORM from our website:
Total Recreation Payment Due:	\$	<u>www.boysandgirlsclubs.ca</u>
		MUST be included with all
		<u>registrations.</u>
		Thank you!
Please email this registrati	on form AND	a payment form to <u>webber@bgco.ca</u>
Parent Signature:		Data: (MANA/DD (MANA)
Staff Signature:		_ Date: (MM/DD/YYYY)



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



2nd Contact: (Pai	rent or Legal Guardian)			
Last Name:		First Name: _		
Email Address:				
Mailing Address:				
City:		Province	Postal Co	de:
Home Phone#:	Work Phon	ne #:	Mobile Phone:	
Place of Employmen	nt :			
Please check best nu	umber to reach the person:	□ Home Phone	□ Work Phone □	Mobile Phone
Authorized Pickup?	□ Yes □ No	Emerg	ency Contact? Yes	□ No
Relationship to mem	ber: (Please check all that ap	ply)		
•	□ Father □ Mother	• • •	ody □ Step-parent	
□ Foster Parent□ Other:	□ Guardian □ Sibling	□ Grandparent	□ Social Worke	er
,	rder in involved? Yes N	, , , , , , , , , , , , , , , , , , ,		,
Additional Contact	ct: (*Please ensure that at leas	st one emergency	contact is not a parent or	legal guardian)
Last Name :		First N	lame:	
Home Phone#:	Work Phone #	:	Mobile Phone:	
Please check best nu	umber to reach the person:	□ Home Phone	□ Work Phone	□ Mobile Phone
City:	Province	Relationship	to Member:	
Authorized Pickup?	□ Yes □ No	Emergency Co	ontact? Yes No	
Additional Contact	ct: (Other than parent or legal	guardian)		
Last Name :		First N	lame:	
Home Phone#:	Work Phone #	t:	Mobile Phone:	
Please check best nu	umber to reach the person:	□ Home Phone	□ Work Phone	□ Mobile Phone
City:	Province	Relationsh	ip to Member:	
Authorized Pickup?	□ Yes □ No	Emergency Co	ontact? Yes No	



Primary Language Spoken:	Other Languages	spoken:
Ethnic Origin: Indig	genous People (Please note	ancestry):
(MANDATORY) Indigenous People – Please provide info		
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:		
Health Care Card # (MANDATORY):		Province:
Does the member have an illness or med		
If yes, please list the medically diagnose	d condition (Care Plan requi	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	tached to membership?	Yes 🗆 No
*NOTE: If the child's immunization records are i outbreak, the Ministry of Health may require child		
Swimming ability: □ Strong Swimmer □ Comments:	apable Swimmer □ Weak Swimm	er Non 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:
Alort Booo	
A 41 .	
<u>Authoriza</u>	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
•	four 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
•	ved 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 of	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 sedical treatment. I consent that in the event of a severe illness/injury the means of transportation
	y ambulance at a cost to myself.
Parent/gr	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.
Suspected	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



•	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):