

**\*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](mailto:middleyearsrec@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 (Sept 2021):  MEMBER:  NEW  EXISTING

**Does your child have a medically diagnosed condition that requires additional support?**

No  Yes If yes, please explain below (Care Plan may be required):

**MARTIN AVE. CLUB – FALL TERM 2021 - RECREATION PROGRAMS**

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

**Cool Moves (Ages 6 – 12) (Tuesdays, 3:45pm – 5:15pm)**

Join us for some fun-filled exercise as we play team sports, and explore cool new ways to get our bodies active and energized! October will be all about baseball as we tackle our Jays Care Rookie League 2.0. November and December will focus more on different sports, such as indoor tennis and badminton, as well as an introduction to more creative ways to exercise like Zumba and yoga!

**\$55/11-weeks:** Oct 5, 12, 19, 26, Nov 2, 9, 16, 23, 30 Dec 7, 14 \_\_\_\_\_

**OR**

**\$7.50/session:** Oct 5 \_\_\_\_\_ Oct 12 \_\_\_\_\_ Oct 19 \_\_\_\_\_ Oct 26 \_\_\_\_\_  
 Nov 2 \_\_\_\_\_ Nov 9 \_\_\_\_\_ Nov 16 \_\_\_\_\_ Nov 23 \_\_\_\_\_ Nov 30 \_\_\_\_\_  
 Dec 7 \_\_\_\_\_ Dec 14 \_\_\_\_\_

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

\$ \_\_\_\_\_

**Music Mania (Ages 6 – 12) (Tuesdays, 5:30pm – 7:00pm)**

Become a music extraordinaire and learn all about the world of instruments. Throughout this program, kids will not only learn about the sounds and history of various instruments and music makers, but will also get a chance to create and take home some cool instruments of their own!

**\$25/5-weeks:**      *Oct 5, 12, 19, 26, Nov 2* \_\_\_\_\_

**OR**

**\$7.50/session:**      Oct 5 \_\_\_\_\_ Oct 12 \_\_\_\_\_ Oct 19 \_\_\_\_\_ Oct 26 \_\_\_\_\_  
Nov 2 \_\_\_\_\_

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

**Art Attack (Ages 6 – 12) (Tuesdays 5:30pm - 7:00pm)**

Get creative and get messy! If you love arts and crafts, then art attack is the program for you. Join us as we tackle a new experiment each week, including painting, sculpting, drawing, and so much more!

**Please ensure you come dressed in clothes that can get messy.**

**\$30/6-weeks:**      *Nov 9, 16, 23, 30 Dec 7, 14* \_\_\_\_\_

**OR**

**\$7.50/session:**      Nov 9 \_\_\_\_\_ Nov 16 \_\_\_\_\_ Nov 23 \_\_\_\_\_ Nov 30 \_\_\_\_\_  
Dec 7 \_\_\_\_\_ Dec 14 \_\_\_\_\_

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

**TGIF (Ages 6 – 12) (Fridays, 5:00pm – 8:00pm) (\$10/session – Dinner is included)**

Start your weekends off by having fun with friends at club! Activities may take place in the community (\*outings may be subject to change in accordance with the provincial health authority)

**Please come dressed for the activity and bring a water bottle.**

*The program alternates weeks between the Martin Avenue Club and the Rutland Club.*

*Detailed schedule of themes and out trips to come soon.*

**\$10/session at Martin Ave Club:** Oct 1 \_\_\_\_\_ Oct 15 \_\_\_\_\_ Oct 29 \_\_\_\_\_  
Nov 12 \_\_\_\_\_ Nov 26 \_\_\_\_\_  
Dec 10 \_\_\_\_\_

**Please add an "X" to select session(s)**  
**TOTAL \$ OF ALL SELECTED SESSION(S) HERE:**  
  
\$ \_\_\_\_\_

**Okanagan Explorers (Ages 6 – 12) (Saturdays, 1:00pm – 4:00pm) (\$10/session)**

Spend your Saturday afternoon getting some fresh air and exploring the wilderness. Each day kids will explore a new playground, hiking trail, or park!

**Please ensure you bring proper footwear, a hat, and a water bottle.**

*The program alternates weeks between the Martin Avenue Club and the Rutland Club.*

**\$10/session at Martin Ave Club:** Oct 23 \_\_\_\_\_ (\*No Programs Oct 9)  
Nov 6 \_\_\_\_\_ Nov 20 \_\_\_\_\_  
Dec 4 \_\_\_\_\_ Dec 18 \_\_\_\_\_

**Please add an "X" to select the session(s)**  
**TOTAL \$ of ALL SELECTED SESSION(S) HERE:**  
  
**TOTAL: \$ \_\_\_\_\_**

**Registration Totals**

Yearly Membership: (\$10.00) \$ \_\_\_\_\_

Cool Moves: \$ \_\_\_\_\_

Music Mania: \$ \_\_\_\_\_

Art Attack: \$ \_\_\_\_\_

TGIF: \$ \_\_\_\_\_

Okanagan Explorers: \$ \_\_\_\_\_

**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 from our website:**

[www.bgco.ca](http://www.bgco.ca)

**MUST be included with all registrations.**

**Thank you!**

Please email this registration AND a payment form to [middleyearsrec@bgco.ca](mailto:middleyearsrec@bgco.ca)

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

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, records must be included in your email submission.
- ❑ **BGC Okanagan Payment Form** – all payments for programs and membership fees are processed using pre-authorized payment.
  - **Recreation Program Payments** – pre-auth credit card only. 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 licensed care (After school care, Daycare or Preschool), the following must also 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 any 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 renewed annually by completing and submitting all the information outlined above, along with paying the \$10 membership fee.

BGC Okanagan welcomes you!

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 PhoneAuthorized Pickup?  Yes  NoEmergency Contact?  Yes  NoRelationship 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  NoEmergency 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  NoEmergency Contact?  Yes  No



Primary Language Spoken: \_\_\_\_\_ Other Languages spoken: \_\_\_\_\_

**Ethnic Origin:** \_\_\_\_\_ **Indigenous People (Please note ancestry):** \_\_\_\_\_  
(MANDATORY)

**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): \_\_\_\_\_