

***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

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

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

VERNON CLUB Spring Break 2023 RECREATIONAL PROGRAMS

Pre-registration required for most events // Select your program by adding fee amount in TOTAL section

Gymnasium Mayhem (Ages 7-12) (6:00pm-8:00pm)

FREE WITH MEMBERSHIP – (Drop in – preregistration not required)

Evenings are for Gym FUN! Come prepared to play!

Select your date(s) below:

March 21 _____ March 22 _____ March 23 _____ March 24 _____

March 28 _____ March 29 _____ March 30 _____ March 31 _____

Please add an "X" to select your date(s), THEN, ENTER TOTAL \$ OF ALL SELECTED DATE(S) HERE:

\$_FREE_

CHILD INFORMATION:

First Name:

Legal Last Name:

Mission: FUN! (Ages 7-12) (10:00am – 3:30pm) (\$30/day)

Join us for days of fun exploring our local community and checking out new activities!

Select your day(s) below:

March 20 _____ March 22 _____ March 24 _____

March 27 _____ March 29 _____ March 31 _____

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

TOTAL \$ OF SELECTED DAY(S) HERE:

\$ _____

Registration Totals

Yearly Membership: (\$10.00) \$ _____

Gymnasium Mayhem: \$ FREE

Mission: FUN!: \$ _____

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

MUST be included with all registrations. Thank you!

Please email registration and payment form to vernon@bgco.ca

Parent 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)

- | | | | | |
|--|-----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Lives With | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Shared Custody | <input type="checkbox"/> Step-parent |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Guardian | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> 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 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): _____