

***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: 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: 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 Summer Break 2023 RECREATION PROGRAMS

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

Kid Tech Nation Camp (Ages 6-12 yrs) (July 4-7 – Tues-Fri) (9:00am – 4:00pm) (\$175/week)

Become a coding whiz this summer at our Kid Tech Nation specialized camp! Kid Tech Nation is a national BGC program that offers a unique learning opportunity to code and understand computers and technology. Whether your child loves Roblox, Minecraft, or just wants to try something new, sign up for our coding camp!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

Select your session below:

July 4-7 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

CHILD INFORMATION:

First Name:

Legal Last Name:

Mad Scientists Camp (Ages 6-12 yrs) (July 10-14 – Mon-Fri) (9:00am – 4:00pm) (\$220/week)

Children will enjoy a week of STEM-filled activities to have lots of fun while challenging our brains! Not only will the children be conducting experiments all week, but they will also have the opportunity to explore the Vernon Science Centre!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

Select your session below:

July 10-14 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

Sporty-Spice Camp (Ages 6-12 yrs) (July 17-21 – Mon-Fri) (9:00am – 4:00pm) (\$220/week)

Tap your child in to their inner sporty-spice and get sweaty at sports camp! Every day we will work on team building and individual goals by focusing on a different sport. Don't be afraid to sign your child up and expand/grow on their sport skills!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

Select your session below:

July 17-21 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

Little Chefs Camp (Ages 6-12 yrs) (July 24-28 – Mon-Fri) (9:00am – 4:00pm) (\$220/week)

Enjoy a week of learning how to bake and cook with friends! This fun-filled week will include multiple tutorials and opportunities for children to bring sweet-treats home and enjoy the result of cooking a delicious meal!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

Select your session below:

July 24-28 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

CHILD INFORMATION:

First Name:

Legal Last Name:

Aquatics Camp (Ages 6-12 yrs) (July 31-Aug 4 – Mon-Fri) (9:00am – 4:00pm) (\$220/week)

Children will be able to have fun with water all week in different capacities! Whether it be participating in water relays at the club, enjoying a dip at the beach, having fun at the Wubit Water Park, or accessing H2O's services!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

Select your session below:

July 31-Aug 4 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

All-About-Animals Camp (Ages 6-12 yrs) (Aug 8-11 – Tues-Fri) (9:00am – 4:00pm) (\$175/week)

Come join us for an exciting week of fun-filled animal-themed days! The children will have opportunities throughout the week to visit different types of animals in the Okanagan, and even visit a Bee Farm!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

Select your session below:

Aug 8-11 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

Adventure Camp (Ages 6-12 yrs) (Aug 14-18 – Mon-Fri) (9:00am – 4:00pm) (\$220/week)

Does your child like to explore nature and partake in adventure! This camp is just for you! Adventure Camp will offer the opportunity to explore the Okanagan through hikes, climbing the rock wall at our Rutland Club, and much more fun!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

**Bring a bathing suit/towel when needed.*

Select your session below:

Aug 14-18 _____

Please add an "X" to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

CHILD INFORMATION:

First Name:

Legal Last Name:

Creative Arts Camp (Ages 6-12 yrs) (Aug 21-25 – Mon-Fri) (9:00am – 4:00pm) (\$220/week)

Enjoy the final week of summer camp by using creativity to have some fun! We will build on children’s theatrical, artistic, and creative abilities as well as offer opportunity to learn something new. We will explore the Kelowna Art Gallery and experience the art that Kelowna has to offer!

**Bring a water bottle, lunch, nut-free snacks, hat, sunscreen and wear appropriate footwear.*

**Please wear clothes that can get a bit mesy.*

Select your session below:

Aug 21-25 _____

Please add an “X” to select session, THEN ADD THE TOTAL \$ HERE:

\$ _____

Registration Totals

Yearly Membership: (\$10.00) \$ _____

Kid Tech Nation Camp: \$ _____

Mad Scientists Camp: \$ _____

Sporty-Spice Camp: \$ _____

Little Chefs Camp: \$ _____

Aquatics Camp: \$ _____

All-About-Animals Camp: \$ _____

Adventure Camp: \$ _____

Creative Arts Camp: \$ _____

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 this registration form AND a payment form to middleyearsrec@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!

CHILD MEMBER INFORMATION FORM

Office Use Only:	Membership Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Program: _____	Start Date: _____	

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.

Club Name: _____

Member Information:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Preferred Names: _____ **Date of Birth (month/day/year):** ____/____/____

Height (inches): _____ **Weight (lbs)** _____ **Hair Colour:** _____ **Eye Colour:** _____

Gender: Male Female Transgender Other

I have included a Photo or Digital Image*? Yes ***Digital photo of child must accompany this registration form.**

Family Password*: _____

**Note: 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.*

Primary Contact: (Parent or Legal Guardian)

Last Name: _____ **First Name:** _____

Mailing Address: _____ **City:** _____

Province _____ **Postal Code:** _____ **Email Address:** _____

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

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: _____

Mailing Address: _____ City: _____

Province _____ Postal Code: _____ Email Address: _____

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 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 Emergency Contact: (*At least one emergency contact cannot be 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 PhoneRelationship to Member: _____ Authorized Pickup? 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 PhoneRelationship to Member: _____ Authorized Pickup? Yes No

Primary Language Spoken: _____ Other Languages spoken: _____

Are you a new Canadian? Yes No Ethnic Origin: _____

Indigenous People (Please note names/bands/nation): _____

Name of Child's School: _____ Grade: _____

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

Does your child have any allergies we need to be aware of? Yes No

If yes, please describe: _____

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

Alerts: Please note anything else we should be aware of while your child is attending our programs

Date of alert (mm/dd/yyyy): _____ / _____ / _____

Alert Type: Allergy

- 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): _____