

## 2022 – 2023 Membership Application

(Membership is from July 2022–June 2023)

**Member Information:**

Child's Full Name	Date of Birth (M/D/Y)	Age
Address – Street no. – Apt.	City	Postal Code
Primary Phone #	Gender	
School	Grade in Sept. 2021	

**Family Information:**

Member resides with: <input type="checkbox"/> Shared custody <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s)	
<b>Parent/Guardian 1</b> (last name and first name)	<b>Parent/Guardian 2</b> (last name and first name)
Address <input type="checkbox"/> Same as Member	Address <input type="checkbox"/> Same as Member
Cell Phone #	Cell Phone #
Employer	Employer
Work Phone #	Work Phone #
E-mail address	E-mail address
Siblings who are registered Members Names of siblings	New member <input type="checkbox"/>

**Emergency Contact (other than parent/guardian) & Pick-Up Privileges:**

Last Name	First Name	Relationship to Member
Home Phone #	Cell Phone #	Work Phone #
In order for your child (Grades 1 – 6) to be permitted to leave the premises, a parent/guardian or an adult authorized by the parent/guardian must come in the building to sign them out. Please list who can pick up your child.		
<b>Name</b>	<b>Primary Phone #</b>	<b>Relationship to Member</b>

We want your child to have the best possible experience in our program. Please provide details to help us work with your child. Does your child have any special needs in any of the following areas? If yes, please explain further and indicate any medications they are taking and diagnosis. **Please note that if any medication needs to be administered during program hours (including inhalers), the Medication Disbursement Form must be completed.**

Area	Details
Physical	
Learning	
Behavioural	
Medical	

Does your child have any allergies?  No  Yes, please complete the chart below

Allergen	How severe? (physical contact, ingested, inhaled)	Epipen location (N/A if not needed)

BGC Cornwall/SDG is fortunate to provide barrier-free programming due to various grants and funders, can you please assist us in obtaining additional information about the children we serve. Do you consider your child to be included in any of the following groups? (check all that apply)

<input type="checkbox"/> Immigrant/New Canadian	<input type="checkbox"/> Rural resident	<input type="checkbox"/> Visible minority
<input type="checkbox"/> Francophone	<input type="checkbox"/> First Nations/Métis/Inuit	<input type="checkbox"/> Person with disability
<input type="checkbox"/> Single parent home	<input type="checkbox"/> None	<input type="checkbox"/> Other:

I, \_\_\_\_\_ (parent/guardian name) the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in BGC Cornwall/SDG programs. I acknowledge that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the above named child is safe from further injury. I am aware of no physical or other reasons why this child should not participate in club programs and related club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the Member, or the Club, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, I am accepting the risk that my child may be injured. BGC Cornwall/SDG does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of BGC Cornwall/SDG allowing this child to participate in club programs, I agree to waive and release BGC Cornwall/SDG, its employees, volunteers, directors, and agents from all claims for damages, injury or loss that may arise as a result of my child's participation in programs. I will impress upon my child the importance of following club rules, regulations and instructors directions. \_\_\_\_\_ **Initial**

I am aware that my child may have his/her photograph taken by staff or local media and may appear in a variety of media sources on behalf of BGC Cornwall/SDG. \_\_\_\_\_ **Initial**

BGC Cornwall/SDG reserves the right to remove any child from any program to ensure the safety and well-being of other participants, should we deem it necessary. No refund will be granted under these circumstances. \_\_\_\_\_ **Initial**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Program: \_\_\_\_\_ Location: \_\_\_\_\_  
 Fees method of payment: \_\_\_\_\_