

2022 – 2023

Youth Membership Application

Membership is from July 2021–August 2022

Member Information:

Name	Age	Gender and Preferred Pronouns
Date of Birth (MM/DD/YYYY)	School	Grade (in September 2022)
Address – Street no. – Apt.	City	Postal Code
Home Phone #	Youth cell phone # (Grades 7-12)	
Health Card Number		

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)	
Mother/Guardian (last name and first name)	Father/Guardian (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 <input type="checkbox"/>	New member <input type="checkbox"/>
Names of siblings	

Emergency Contact (other than parent/guardian) & Privileges:

Last Name	First Name	Relationship to Member
Home Phone #	Cell Phone #	Work Phone #
Is your child permitted to walk home during or after the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
On occasion, we may be offsite by walking or using public transportation. Is your child permitted to attend community outings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you require a phone call to notify you about the community outing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Information:

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 when applicable. **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)

The Boys & Girls Club of Cornwall/SDG is fortunate to provide barrier-free programming due to our 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, the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in the Boys & Girls Club of 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. The Boys and Girls Club of Cornwall/SDG does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the Boys & Girls Club of Cornwall/SDG allowing this child to participate in club programs, I agree to waive and release Boys & Girls Club of 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 the Boys and Girls Club of Cornwall/SDG. _____ **Initial**

The Boys & Girls Club of 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: _____

Program(s) attending:

- Teen Program
 Raise the Grade