



BGC Cornwall/SDG 2024 – 2025 Membership Application

(Membership is from July 2024–June 2025)

Member Information:

New member Returning Member

Youth Full Legal Name	Preferred Name	Date of Birth (M/D/Y)	Age
Address – Street no. – Apt.		City	Postal Code
Primary Phone #	Gender at Birth		Gender Identity
School	Youth Cell Phone #	Grade in Sept. 2024	

Family Information:

Member resides with: Shared custody Both parents Mother Father Guardian(s)

Parent/Guardian #1 (last name and first name)	Parent/Guardian #2 (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:	

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

Last Name	First Name	Relationship to Member
Home Phone #	Cell Phone #	Work Phone #
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.		
Name	Home Phone #	Relationship to Member

My child is over the age of 10 and I give permission to walk home from program.

We want everyone to have the best possible experience in our program. Please provide details to help us best 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	
EA Support at School	<input type="checkbox"/> Educational Support <input type="checkbox"/> Behavioural Support <input type="checkbox"/> Medical Support Please explain:

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

Allergen	How severe? (physical contact, ingested, inhaled)	EpiPen location

BGC is fortunate to provide barrier-free programming with the help of our funders. Please assist us in obtaining additional information about who we serve. (Check all that apply)

<input type="checkbox"/> Immigrant/New Canadian	<input type="checkbox"/> Rural Resident	<input type="checkbox"/> Black
<input type="checkbox"/> Francophone	<input type="checkbox"/> First Nations/Métis/Inuit	<input type="checkbox"/> Person of Colour
<input type="checkbox"/> Single parent home	<input type="checkbox"/> Person with disability	<input type="checkbox"/> 2SLGBTQI+
<input type="checkbox"/> Other	<input type="checkbox"/> None	

Program Location	<input type="checkbox"/> Dundas <input type="checkbox"/> Glengarry <input type="checkbox"/> Cornwall/SDG- site _____ (ASP location/Teen/Jr Program)
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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: _____