



YOUTH PARTICIPANT FORM

GENERAL INFORMATION - *Please complete one form for each youth attending programs.*

Youth`s First Name:	Youth`s Last Name:
Address:	City/ Town: [] MDRV [] Other _____
Postal Code:	Community:
Home Phone:	Cell Phone (if applicable):
Email Address (if applicable):	Primary Language: [] English [] French [] Other _____

Gender: [] Female [] Male	Age:	Grade:
School:	Birth date: (YY/MM/DD):	

Youth resides with: [] Mother [] Father [] Both [] Other _____

Are there any people who cannot have contact with this youth? [] Yes [] No

Name: _____

Name: _____

MEDICAL INFORMATION

Alberta Health Care Number:	
Physician`s Name:	
Physician`s Phone Number:	
Please identify any special needs this youth may have including medical, behavioural concerns, allergies, physical concerns or restrictions, emotional, food restrictions, learning difficulties or any other relevant medical and well being information. <i>Examples to include are: ADHD, ADD, FASD, Asthma, ACH, Asperger`s, Diabetes, ODD, Turner`s Syndrome, William`s Syndrome, Dislexia, etc.</i>	<input type="checkbox"/> Medical _____ <input type="checkbox"/> Behavioural _____ <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Physical _____ <input type="checkbox"/> Emotional _____ <input type="checkbox"/> Food Restrictions _____ <input type="checkbox"/> Learning _____ <input type="checkbox"/> Other _____
Current medications:	



EMERGENCY CONTACT INFORMATION	
ARRIVAL – If a youth does not arrive for a program, and no absent notice has been received, staff will perform a call out to the emergency numbers recorded below within the first 30 minutes of the program. As this can be time consuming for staff, please place numbers in order of calling preference.	
1.	
2.	
3.	

DISMISSAL - Pick up time is critical to the schedule and quality of the programs operated within the agency. A late fee of \$5.00 for every 5 minutes will be charged for late pick up.

_____ (Initial)

I give permission for this youth to have in/out privileges from the Boys and Girls Club of Airdrie, which includes walking home on their own. Yes [] No []

If NO, please list up to 3 individuals who may pick up your child.

First Name:	Last Name:
Home Number:	Alternate Number:
Relationship to youth:	Address:

First Name:	Last Name:
Home Number:	Alternate Number:
Relationship to youth:	Address:

First Name:	Last Name:
Home Number:	Alternate Number:
Relationship to youth:	Address:

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Completed By:		Date:
Program	YOUTH:	TEEN:
Registered for:	[<input type="checkbox"/>] 5:00 – 6:00 Monday	[<input type="checkbox"/>] Torch
	[<input type="checkbox"/>] 5:00 – 6:00 Tuesday	[<input type="checkbox"/>] Keystone
Kidz Zone	[<input type="checkbox"/>] 5:00 – 6:00 Wednesday	[<input type="checkbox"/>] Career Launch
[<input type="checkbox"/>] Monday	[<input type="checkbox"/>] 5:00 – 6:00 Thursday	[<input type="checkbox"/>] Teen Wilderness Camp
[<input type="checkbox"/>] Tuesday	[<input type="checkbox"/>] 2:00 – 5:00 Friday	[<input type="checkbox"/>] Counsellor in Training
[<input type="checkbox"/>] Wednesday	[<input type="checkbox"/>] R.J. Hawkey Elementary	
[<input type="checkbox"/>] Thursday	[<input type="checkbox"/>] Nose Creek Elementary	
Note: Limit of 2 days per youth	[<input type="checkbox"/>] Summer Day Camp	[<input type="checkbox"/>] VOLUNTEER
	[<input type="checkbox"/>] Youth Wilderness Camp	[<input type="checkbox"/>] OTHER



YOUTH MEDIA CONSENT FORM

I, _____ (your name), the parent or guardian of
 _____ (youth`s name) give consent to have his/her:

Name Image (photos) Video
 Film Audio

Taken and/ or used in promotional materials of the Airdrie Boys and Girls Club and its affiliates, Boys and Girls Clubs of Alberta and Boys and Girls Clubs of Canada.

This youth`s image/ name/ voice may be published or used in:

Printed promotional materials including but not limited to newspaper articles, program brochures, posters, reports, display boards, etc.
 Digital promotional materials including but not limit to promotional videos, television commercials, etc.
 Website recognition (internet)

The use of these materials are to be displayed to the public or used for other educational or fundraising purposes whether in whole or in part by the Airdrie Boys and Girls Club and its affiliates, Boys and Girls Clubs of Alberta and Boys and Girls Clubs of Canada.

I, _____ (your name), the parent or guardian of
 _____ (youth`s name) give consent/ do not give consent for the BGCA to contact my child through: Email or Facebook.

Parent or Guardian Signature	Witness Signature
Name (please print)	Name (please print)
Date	Date



ORDER ID #: _____

HOUSEHOLD NAME: _____

HOUSEHOLD PARTICIPANT FORM

HOUSEHOLD NAME: _____

1. PARENT/GUARDIAN INFORMATION (To be first contact):

Parent/Guardian First Name:	Parent/ Guardian Last Name:
Address:	City/ Town: [] MDRV [] Other _____
Postal Code:	Community:
Home Phone:	Cell Phone:
Work Phone:	Email address:

Gender: [] Female [] Male	Relationship to youth: [] Mother [] Father [] Other _____
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2. PARENT/GUARDIAN INFORMATION (To be second contact):

Parent/Guardian First Name:	Parent/ Guardian Last Name:
Address:	City/ Town: [] MDRV [] Other _____
Postal Code:	Community:
Home Phone:	Cell Phone:
Work Phone:	Email address:

Gender: [] Female [] Male	Relationship to youth: [] Mother [] Father [] Other _____
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Returning Member: Yes [] No []	Membership Card Given: Yes [] No []	Amount Paid:
Amount Owing:	Payment Type: Cash [] Cheque [] Number	Receipt Number
Completed By:		Date:



HOUSEHOLD INFORMATION FORM

We would appreciate it if you could take the time to complete the following information. This information will be kept confidential and will be used to improve our programs and services.

1. How did you find out about the Boys and Girls Club of Airdrie (BGCA)?	<input type="checkbox"/> Poster <input type="checkbox"/> School <input type="checkbox"/> Newspaper, magazine, radio, etc. <input type="checkbox"/> Word of mouth <input type="checkbox"/> Referred by a social services staff person/agency <input type="checkbox"/> Other: _____
2. As a parent/ guardian you would like to see your child experience and learn (please check all that apply):	<input type="checkbox"/> Better communication skills <input type="checkbox"/> Problem solving skills <input type="checkbox"/> Improved methods of dealing with conflict <input type="checkbox"/> Improved healthy eating choices <input type="checkbox"/> physical activities <input type="checkbox"/> Leadership skills <input type="checkbox"/> The value of volunteerism <input type="checkbox"/> Other _____
3. Household Composition:	<input type="checkbox"/> Two birth parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Blended Family <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____
4. Languages spoke or read in the household:	Primary (spoken): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ Primary (read): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ Other languages used within the household: _____ Are translation services required? <input type="checkbox"/> Yes <input type="checkbox"/> No



VOLUNTEER INTEREST FORM

Volunteer support is a much appreciated, and a needed service parents, guardians, youth and community members can and do provide to the Boys and Girls Club of Airdrie. Exciting and diversities volunteer opportunities are available and will contribute the level of excellence the agency strives for. Whether you just have a few hours to give occasionally or can make a commitment of 2-3 hours per week your time and talents greatly appreciated.

Please complete this form if you can help support the Boys and Girls Club of Airdrie by contributing your time and talents in a volunteer capacity.

Name:	Date:
Home Number:	Alternate Number:
Have you volunteered before <input type="checkbox"/> Yes <input type="checkbox"/> No	Past Volunteer Experiences:

Areas of Interest (please check all that apply)	
	After school programs (Monday – Friday between 2:00 – 5:00) Location:
	Youth Programs (Monday - Thursday between 5:00 – 6:00) Program:
	Teen Programs (Monday – Thursday between 6:30 – 8:00) Program:
	Special Events (Jelly Bean Dances, Club Sleep Overs, Family Interactive Days, etc.)
	Fund Raising Events (Halloween, St. Patrick’s Day, basketball tournament, etc.)
	Board of Director; Committees
	Youth Teen Leadership Programs
	Facility maintenance repair
	IT Support
	Cleaning
	Share a skill or talent. Please list skills and talents:

Availability (Please check all that apply.)	
Occasional or seasonal	
Monday	Morning
Tuesday	
Wednesday	Afternoon
Thursday	
Friday	After school
Saturday	
Sunday	Evening
Special Events	



**2010 – 2011 PARTICIPANT RISK ACKNOWLEDGEMENT,
RELEASE OF PERSONAL AND MEDICAL INFORMATION AND
RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK**

Our goal is to provide a safe experience for all participants registered in programs offered by the Boys and Girls Club of Airdrie. Our programs however, may include elements of risk and you, and/or, as the parent(s) or legal guardians of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk, before or at the time of enrolment in any Boys and Girls Club of Airdrie programs. ***We believe in the informed consent of the participant(s) and/or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during our programs.***

Risks or dangers identifiable and unforeseen, in programs through the Boys and Girls Club of Airdrie, include loss and/or damage of personal property. Injuries may occur when your child participates in activities such as sports programs, dances, bike riding, swimming, hiking. Inclement weather, plant allergies, insect bites and allergies, food allergies, are other possible risks. There are also risks inherent and unforeseen when traveling to and from a program outing, which may include mishaps during transportation.

I have read and clearly understand that there are identifiable and unforeseen risks or dangers within programs at Boys and Girls Club of Airdrie:

X

(Participant's signature or parent/legal guardian signature if participant is under 18 yrs.)

Enrolment in a program is your acknowledgement and acceptance of the risks or dangers that may occur during the program and thereby you, and/or as the parent(s) or legal guardian(s) of participants, are deemed to have accepted the risks or dangers of this program.

In consideration of my, and/or my child(ren) or charge's participation, I agree and acknowledge that:

1. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in programs offered by the Boys and Girls Club of Airdrie.
2. I freely and voluntarily release and discharge the Boys and Girls Club of Airdrie, its employees, Directors, Officers, agents, instructors, volunteers, counsellors and camp leaders from all claims, demands, rights and causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of the Boys and Girls Clubs of Airdrie, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in Boys and Girls Club of Airdrie programs.
3. I waive any claim I may have against the Boys and Girls Club of Airdrie arising from my and/or my child(ren)'s or charge(s)' participation in any/ all program(s) and I will indemnify and save harmless Boys and Girls Club of Airdrie, its agents, employees, Directors, Officers, instructors, volunteers, counsellors and camp leaders for any claim, except Negligence as defined by law on the part of the Boys and Girls Club of Airdrie.



4. I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by the Boys and Girls Club of Airdrie should a suit be launched on my child's or charge's behalf, except in the case of negligence as defined by law on the part of the Boys and Girls Club of Airdrie.

5. The Boys and Girls Club of Airdrie, including its agents, employees, volunteers, instructors, camp leaders and counsellors, may collect, use, retain and disclose my child(ren) and/or charge(s)' and my personal information where in its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant. For example, disclosure of personal information to third parties may occur in the event of accident, sickness, counselling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts. The retention period for this personal information is seven (7) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed.

6. The Boys and Girls Club of Airdrie may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child's or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceeds coverage by Alberta Health Care. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises and if not available then as soon as is reasonably possible.

7. I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING the Participant Risk Acknowledgement, Release of Personal and Medical Information and Release, Waiver of Claim and Assumption of Risk, and voluntarily accept and assume the risks or dangers inherent, identifiable and/or unforeseen in programs offered by the Boys and Girls Club of Airdrie, including personal injury and property loss, except in the case of negligence as defined by law on the part of the Boys and Girls Club of Airdrie.

I give my informed consent to the terms and conditions of this document.

Participant(s) Full Name(s):

Signature of Parent/Legal Guardian (if under 18 years): _____

Witness or Staff Signature: _____

(YYYY) _____ / (MM) _____ / (DD) _____