



### 2015 Membership Application

<b>Member Information:</b>											
Child's Last Name		First Name									
Address - Street no. - Apt		City - Postal									
Home Telephone		Child's Cell Phone									
Date of Birth (MM/DD/YYYY)		Age	Gender								
Child's School		Grade									
Child's e-mail address											
<b>Family Information:</b>											
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian											
Mother/Guardian (last name and first name)		Father/Guardian (last name and first name)									
Address <input type="checkbox"/> Same as child		Address <input type="checkbox"/> Same as child									
Telephone (home phone)	Telephone (cell phone)	Telephone (home phone)	Telephone (cell phone)								
Telephone (Work)		Telephone (Work)									
e-mail address		e-mail address									
<b>Emergency Contact (other than parent/guardian)</b>											
Last Name		First Name	Relationship to Child								
Home Phone		Cell Phone									
<b>Child Pick-up and in/out privileges (Very important information)</b>											
<p><b>Members aged 6 to 12</b> will not have in/out privileges at the Club. In order for them to leave the premises a parent/guardian or someone (aged 13 years or older) authorized by the parent/guardian must pick them up. Please identify individuals who may pick up your child, including older siblings (13+).</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Name</th> <th style="width:45%;">Address</th> <th style="width:15%;">Postal Code</th> <th style="width:15%;">Home Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Address	Postal Code	Home Phone				
Name	Address	Postal Code	Home Phone								
<p><b>Members aged 13 years or older</b> will be allowed to leave the Club on their own provided that the parent/guardian has indicated below that the child has permission to do so (if safety is a concern the BGCO has the right to ask a parent to pick up the child.).</p> <p>I give permission for my child to have in/out privileges at the Club, which includes walking home on their own.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>											

**Additional Information:**

Does your child require additional support in any of the following areas? If yes, please explain further and list diagnosis when applicable.

	Area	Details
<input type="checkbox"/>	Physical	
<input type="checkbox"/>	Learning	
<input type="checkbox"/>	Behavioural	

<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>	Attention Deficit Hyperactivity	<input type="checkbox"/>	Severe Allergies
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Oppositional Defiance Disorder
<input type="checkbox"/>	Pervasive Development Disorder	<input type="checkbox"/>	Sensory Integration Dysfunction	<input type="checkbox"/>	Other

Comments:

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 and Girls Club of Ottawa 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"/>	Member of Visible Minority
<input type="checkbox"/>	Francophone	<input type="checkbox"/>	First Nations, Metis and/or Inuit	<input type="checkbox"/>	Person with a Disability
<input type="checkbox"/>	Not a member of these groups	<input type="checkbox"/>	I prefer not to answer	<input type="checkbox"/>	LGBTTIQQ2SA

**Parental Authorization**

Your responses will help us maintain a barrier free, no cost program.

Permission	Yes	No	Initials
My child may participate in surveys for program evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	
My child may appear in photographs (printed material) used for reporting, publicity purposes and/or promotion of the Boys and Girls Club of Ottawa.	<input type="checkbox"/>	<input type="checkbox"/>	
My child may appear in photographs (internet / media) used for reporting, publicity purposes and/or promotion of the Boys and Girls Club of Ottawa.	<input type="checkbox"/>	<input type="checkbox"/>	

I, the undersigned, the parent or guardian, having applied to the Boys and Girls Club ("the Club") on behalf of my child or ward for membership in the Club, and in consideration for acceptance by the Club of my application, do hereby give permission for my child or ward to participate in the Club and their programs including all scheduled outings, unless I advise in writing to the contrary.

Having investigated the activities and resources of the Club to my satisfaction, I understand that due care and attention will be given to the safety of all participants including my child or ward, but that the Club, its officers and directors, staff and volunteers cannot be held liable for any injury or loss, howsoever caused, and I release the Club, its officers and directors, staff and volunteers on behalf of my child or ward, from any liability and from all claims arising, directly or indirectly, from participation by my child or ward in Club activities. I further understand that the Club reserves the right to remove my child or ward from the program if the Club deems it necessary to ensure the safety and well being of other participants.

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

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ New Renewal