

## Club Membership Agreement

### IMPORTANT INFORMATION

Please have this translated.

### RENSEIGNEMENTS IMPORTANTS

Prière de les faire traduire.

### 重要資料

請找人為你翻譯

これはたいせつなお知らせです。

どなたかに日本語に訳してもらってください。

### 알려드립니다

이것을 번역해 주십시오

### CHỈ DẪN QUAN TRỌNG

Xin nhờ người dịch hộ

### ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ

ਬਿਰਧਾ ਕਰਕੇ ਬਿਸੇ ਵੇਲੇ ਇਸ ਦਾ ਉਲੇਖਾ ਕਰਵਾਓ ।

### INFORMACIÓN IMPORTANTE

Busque alguien que le traduzca.

### اطلاعات مهم و سودمند

لطفاً از یک نفر بخواهید که برای شما ترجمه کند

### IPO AY ISANG MAHALAGANG

PATALASTAS. Mangyaring ipasalin

ito kung hindi nauunawaan.



Date: \_\_\_\_\_

# Club Membership Agreement: \_\_\_\_\_ Club

## Club Member Information

Club Member's Name: \_\_\_\_\_  
*Last Name* *First Name*

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Month / Day / Year*

## Household Information

Club Member's Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent / Caregiver 1's Name: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent / Caregiver 2's Name: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information

Contact Name (Not a Parent/Guardian listed above): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional Family Information

Member Currently Lives With:  Mother  Father  Both  Other (Please specify): \_\_\_\_\_

School Attending: \_\_\_\_\_

Family Status:  Married  Divorced  Separated  Common Law  Single Parent  
 Widowed  Domestic Partnership  Other (Please Specify): \_\_\_\_\_

Custody:  Mother  Father  Joint  Grandparent(s)  Guardian(s)  Other (Please specify): \_\_\_\_\_

## Additional Information about Club Member

Returning Club Member?  Yes  No If yes, has been a member for \_\_\_\_\_ years

Indigenous:  Yes  No Primary Language Spoken at Home: \_\_\_\_\_

Years living in Canada:  Born in Canada  5 years or more  Under 5 years

Method of Leaving Club:  Parent Pick-Up  Walk  Bus  Other (Please specify): \_\_\_\_\_

Please provide a list of people who would most commonly pick-up this member: \_\_\_\_\_

**Club Member's Medical Information**

Please outline any and all allergies your child has:

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type & Severity of Reaction (indicate if life-threatening)	Management, Treatment/Medication	Date of Last Reaction

Does your child carry an epi-pen?  Yes  No If yes, for what allergy? \_\_\_\_\_

Does your child have any dietary restrictions?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are your child's immunizations up to date?  Yes  No Care Card / Medical Number: \_\_\_\_\_

Immunization details (if necessary): \_\_\_\_\_

\_\_\_\_\_

Does your child experience any of the following?

- ADD/ADHD
- Asthma/Inhaler
- Behavioral Concerns
- Blackouts/Fainting
- Concussion
- Developmental Delays
- Epilepsy/Seizures
- Fetal Alcohol Syndrome
- Hay Fever
- Mental Health Concerns
- Motion Sickness
- Nose Bleeds

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions, disabilities, or behavioral concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_

**Health Acknowledgement**

Staying home when you're sick is one of the most important ways to reduce the spread of communicable diseases. This is why it is important for anyone who is sick to stay home.

Participants should stay at home when symptoms of illness develop, such as:

- Fever
- Chills
- Cough
- Difficulty breathing (in children, this can look like breathing fast or working hard to breathe)
- Headaches
- Body aches
- Body aches
- Loss of sense of smell or taste
- Nausea or vomiting
- Diarrhea
- Sore throat
- Loss of appetite
- Extreme fatigue or tiredness

Staff will conduct a daily health screening for each participant upon arrival to the program. If there are concerns, staff will contact the parent/guardian.

If a participant displays any mild symptoms without fever, the participant should stay home and be monitored symptoms for 24 hours. They may return to program once symptoms resolve.

If a participant displays any symptoms during the program day, they will be separated from others and brought to the designated isolation room / area. Parents will be informed immediately for pick-up.

Participants who are experiencing symptoms of a previously diagnosed health condition do not need to stay home.

If a parent/guardian/participant is not able to adhere to health/hygiene measures, then the participant may be asked to be withdrawn from the program.

- By checking this box, I confirm that I have read and understand the Participant Health Policy outlined above

## Club Member Behaviour Agreement

In order to help create a safe, positive Club environment, members are expected to follow all Club rules, and are asked to sign the following Club Member Behaviour Agreement:

BGC believes that all kids are amazing, and that you as a Club member are an important part of creating a positive Club environment for yourself and others. The 3 R's are our expectations for all Club members, and by signing below you are agreeing to follow them.

**3 R's:**    **Respect** myself (take care of belongings, sun safety, hygiene, etc.)  
              **Respect** members, volunteers, and staff (personal space, belongings, opinions)  
              **Respect** the environment (Club buildings, equipment, surrounding space)

- By checking this box, I acknowledge that I have reviewed the 3 R's with my child.

### Cancelation/Refund Policy

#### Club Membership Fee:

If a child will no longer be attending the Club, a refund for the pro-rated (unused) portion of the annual membership fee (or negotiated fee, as applicable) is available on request within 4 weeks of the final day of attendance.

#### Full Day Program Fees:

To cancel a registration for a day camp, a minimum of 10 business days advance notice is required to obtain a refund. There are no refunds for cancellations made less than 10 business days before the start of the day(s) the child is registered for.

- By checking this box, I acknowledge that I have read and understand the cancellation/refund policy listed above.

### Privacy Statement

BGC respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting your privacy. We do not rent, sell, or trade our mailing lists. We use your personal information to provide services/programs and to keep you informed and up to date on all activities to volunteer or provide support and through periodic communication. If at any time you wish to be removed from any of these types of communication, or receive a full copy of the BGC Privacy Statement, simply notify us by phone 604-879-6554, fax 604-879- 6525, or email at [info@bgcbc.ca](mailto:info@bgcbc.ca) and we will gladly accommodate your request.

- Yes, please sign me up for the BGC updates via email (i.e. newsletter)!

# Club Membership Agreement

## Acknowledgement of Risks and Consent Form

----- Please read and sign the bottom of this form -----

### **Description of Activities and Inherent Risks**

BGC operates a variety of programs for participating children and youth (“Club members”) at our Club sites. BGC is committed to operating its programs in as safe a manner as possible. The following is to inform you of the potential risks inherent in Club programs and activities.

BGC provides programming and scheduled activities that are supervised by Club leaders. Most activities take place at the Club, while others are off-site. The level of supervision varies according to the nature of the activity. For example, an organized floor hockey tournament may be subject to more continuous supervision than a pick-up game of floor hockey during gym drop-in hours. BGC is not responsible for Club members before they arrive at the Club or after they leave the Club premises.

Activities at our Clubs include, but are not limited to:

- Indoor sports such as tennis, basketball, floor hockey, soccer, volleyball, badminton, archery, gym games, and martial arts
- Creative activities such as painting, ceramics, paper and yarn crafts, theatre, and dance
- Games room activities such as pool, foosball, ping pong, video games, board games, and puzzles
- Educational activities such as music, computer instruction, woodworking, cooking, and leadership programs

Off-site activities include, but are not limited to:

- Outdoor sports such as soccer, football, road hockey, cycling, baseball, tennis, frisbee, running, swimming, waterslides, skating, hiking, and camping
- Inter-Club or inter-organizational activities such as floor hockey, baseball, and ice hockey
- Outings to sporting events, libraries, museums, and other public events

Each of the Club activities, as well as transportation to and from the activity, carries inherent risks. These risks include, but are not limited to, contact during sports (with another person, equipment, or property), group separation, slips, falls, burns, transportation accidents, and other accidents.

In addition, the risks of the activities may also include, but are not limited to, the following: acts of other participants (including the failure of other Club members to follow instructions), malfunctions in equipment, consumption of food and drink, emergency treatment, or other services provided.

The inherent risks may lead to injury or illness including, but not limited to, minor injuries (scratches, insect bites, cuts/wounds), illnesses (respiratory, stomach), bodily injury (arms, legs, and torso), head or back injury, and accidental death.

In an effort to make activities as safe as possible, it is essential that Club members follow all Club rules, and the instructions and safety precautions for each activity. Additional risks may develop if Club members do not carefully follow rules and instructions.



**Consent / Acknowledgement of Risks**

I have read the description of programs and inherent risks and give my permission for the Club member named below to participate in Club activities. I accept that there are inherent risks involved in these activities and agree to accept those risks. I have sought explanations from the Club of any risks I do not understand. I have explained the risks to my child and have ensured that they understand them.

**Rules**

I have explained to my child that there are Club rules that must be followed and that they must use their best efforts to participate and play safely, fairly, responsibly, and with respect for the rights and property of other Club members and the Club Leaders. I have informed my child that a breach of the rules may result in remedial action including limits on their participation in Club activities or being sent home.

I, \_\_\_\_\_, being the parent/guardian or person having care  
*Print name of Parent/Guardian*

and custody of \_\_\_\_\_, am aware of the risks associated with the  
*Print name of Club member*

programs and activities offered by BGC as described above and do hereby give consent and agree to the terms above.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Consent / Publicity**

I also hereby give permission for BGC to use a visual reproduction (photograph, film, video, etc.) of the Club member named above for publicity purposes connected with promotion of the work of BGC.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

BGC requires a photograph or digital image of each club member that can be used to readily identify the club member in an emergency. This photograph will only be used in case of emergency, and will not be used for any other purpose.

I, \_\_\_\_\_, being the parent/guardian or person having care  
*Print name of Parent/Guardian*

and custody of \_\_\_\_\_, agree that Club staff may take and upload  
*Print name of Club member*

a photo of my child onto our database system for emergency purposes.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Consent / Emergency Care**

I, \_\_\_\_\_, being the parent/guardian or person having care  
*Print name of Parent/Guardian*

and custody of \_\_\_\_\_, hereby grant permission for the staff of BGC  
*Print name of Club member*

South Coast BC to call an ambulance if my child requires emergency medical care and the parent/guardian cannot immediately be reached.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*



South Coast BC

**Consent / Applying Sunscreen**

I, \_\_\_\_\_, being the parent/guardian or person having care and  
*Print name of Parent/Guardian*

custody of \_\_\_\_\_, herby grant permission for the staff of BGC  
*Print name of Club member*

of South Coast BC to apply sunscreen to my child as needed during their participation in the program's activities. I understand that sunscreen is essential to protect my child's skin from harmful UV rays and reduce the risk of sunburn.

I acknowledge that I have provided the necessary sunscreen product for my child and have discussed any allergies or sensitivities with the program staff. I trust that the staff will apply the sunscreen appropriately and take necessary precautions to ensure my child's safety.

I also understand that I have the option to provide alternative instructions for sunscreen application, which will be communicated to the staff in writing. I release the program and its staff from any liability related to the application of sunscreen, if they follow the instructions provided.

This consent is effective for the duration of my child's enrollment at BGC South Coast BC and can be revoked in writing at any time.

Medical Conditions/Allergies: \_\_\_\_\_ Alternate Sunscreen Application Instructions: \_\_\_\_\_  
*(if applicable) (if applicable)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Consent / Medication Administration**

I, \_\_\_\_\_, being the parent/guardian or person having care and  
*Print name of Parent/Guardian*

custody of \_\_\_\_\_, herby grant permission for the staff of BGC  
*Print name of Club member*

of South Coast BC to administer an epinephrine auto-injector (EpiPen) to my child if they experience a severe allergic reaction that requires immediate medical attention.

I understand that my child has been diagnosed with a severe allergy that could result in anaphylaxis, a life-threatening condition. I have provided the necessary information about my child's allergy, triggers, and the appropriate use of the EpiPen to the program staff. I trust that the staff will administer the EpiPen as needed and take necessary precautions to ensure my child's safety.

I acknowledge that the program staff will act in good faith and exercise reasonable judgment in situations requiring the use of the EpiPen. I release the program and its staff from any liability arising from actions taken in the best interest of my child's health and safety.

This consent is effective for the duration of my child's enrollment at BGC South Coast BC and can be revoked in writing at any time.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**FOR PRE-TEEN MEMBERS ONLY**

**Consent / Pre-teen Members**

In addition to the daily after-school licensed programs, the Club offers Pre-teen/Youth activities that include children 13+ that are unlicensed.

I give permission for my child to also participate in unlicensed pre-teen/youth activities with youth aged 13+.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*