



Boys & Girls Club
of Spryfield

2009-2010 Youth Cafe Registration

Very Important: You must be the Custodial Parent/s or Legal Guardian of said child in order to complete this form

Child's Name _____ Age _____
 Date of Birth _____ Sex Male () Female () _____
 Address (street) _____ Apt# _____
 (City) _____ Postal Code _____
 Health Card # _____ Family Doctor _____ Dr. Phone # _____
 Transportation to club: _____
 School Attending: _____ Teacher: _____ Grade: _____

Parent/s or Legal Guardian of Child

Name _____	Name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Home/Cell phone # _____	Home/Cell phone # _____
Work phone # _____ Ext: _____	Work phone # _____ Ext: _____
Other phone# _____	Other phone# _____

Emergency Contact (other than those listed above)

1. Name: _____ Relationship to Participant _____
 Home # _____ Work # _____ Extension # _____ Cell # _____

2. Name: _____ Relationship to Participant _____
 Home # _____ Work # _____ Extension # _____ Cell # _____

Picked up by other than these listed above:

Name: _____ Phone# _____
 Name: _____ Phone# _____

Is the Participant permitted to walk home at the end of the program each day? Yes ___ No ___
 Walking on Own: Yes ___ No ___

Has the participant been involved in programs with the Boys and Girls Club of Spryfield before?

Yes ___ No ___ Year ___ Program _____

Medical History

Does the participant require medication? Yes ___ No ___ if yes, please explain why needed: _____

Do you require medication to be administered or stored by staff during the program? Yes ___ No ___

*** Please continue this form on the back.

Does the participant have any allergies? (Food/drug/environmental, etc.) Yes ___ No ___
If yes, please indicate each and the treatment required: _____

Does the participant have a life-threatening allergy? (Anaphylaxis) Yes ___ No ___

Does the treatment for this allergy involve the use of an epi-pen? Yes ___ No ___

If the program requires Boys and Girls Club staff to administer or store medication (prescription or non-prescription) to remain in attendance, obtain the necessary medical forms from the Office Assistant. These forms need to be filled out by a parent/guardian and family doctor and returned to the Club prior to the start of the participant's program.

Notes: Please tell us if your child has any medical or emotional concerns that we should know about, i.e.: ADHD, OCD, ODD or other psychological or emotional outbursts or any other related concerns where special attention or support may be required?
If so, please give details. _____

Activities

I give my consent for the Boys and Girls Club of Spryfield for the following:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Photo/Video/Voice Recording | <input type="checkbox"/> Painting | <input type="checkbox"/> Gym sports |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Water Colors | <input type="checkbox"/> Homework Zone |
| <input type="checkbox"/> Walking Trails | <input type="checkbox"/> Clay | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Face Painting | <input type="checkbox"/> Bus Trips | <input type="checkbox"/> Other _____ |

Signature of Parent / Guardian

Date

RELEASE, WAIVER AND INDEMNITY

In consideration of my being permitted to participate in the Boys and Girls Club of Spryfield activities I, on behalf of myself, my heirs, executors, administrators, successors and assignee waive, release and forever discharge any and all claims that I may have against the Boys and Girls Club of Spryfield, their officers, directors, employees, members, volunteers, agents or sponsors, or any one or more of them or their executors, administrators, heirs, next-of-kin, successors or assigns (the Releasees), including any and all claim for costs and expenses and demands in respect of death, injury, loss or damage occurring during the activities to my person or property, howsoever caused, including any and all complaints for damage caused by negligence of any of them arising out of the related activities.

I here indemnify and hold harmless the Releasees and each of them against any such claim that I, my executors, administrators, heirs, next-of-kin, successors or assigns may have or assert and against any and all costs with respect thereto.

By submitting this form, I acknowledge having thoroughly read this membership form, I also understood and agreed to the above waiver, release and indemnity.

Signature of Parent / Guardian

Date

Dates: Sept 23, 2009 – June. 24, 2010

Hours: Wednesdays and Thursdays 4:00pm to 7:00pm