



2007/2008 MEMBERSHIP APPLICATION

This information is being collected in accordance to the Freedom of Information and Privacy Act. Confidential Records information will not be disclosed outside of regular business operations unless required by law.

Contact Information

Member Name: _____ Date of Birth: _____ / _____ / _____
Year month day
 Address: _____
 Town/City: _____ Postal Code: _____
 Phone: _____ email: _____

Parent/Guardian Information

Parent/Guardian: _____ & _____
 Phone Home: _____ Phone Home: _____
 Cell: _____ Cell: _____
 Employer: _____ Employer: _____
 Phone: _____ Phone: _____

Emergency Contact Information

Names of Emergency Contacts in the event you are unable to be reached **(Please list 2)**

Contact: _____ Relationship to Member: _____
 Telephone #: _____ Work _____ Cell _____
 Contact: _____ Relationship to Member: _____
 Telephone #: _____ Work _____ Cell _____

Alberta Health Care Number: _____

Doctor's Name: _____

Medical Information

Please check all that apply:

Any details of condition including medications

Allergies _____ Carries Epi-Pen? yes No
 Asthma _____ Carries Medication? yes No
 Physical Conditions _____
 Mental Conditions _____
 Visual Conditions _____
 Hearing Conditions _____
 Migraines/Severe Headaches _____
 Epilepsy _____
 Diabetes _____
 Travel Sickness _____
 Other _____

Please state if Subsidy is required yes no

Please note this application form MUST be filled out in its entirety or membership status will not be granted

So that my child may be permitted to take part in the Boys and Girls Club of Strathcona County program, I agree as follows:

1. I understand that in the event that my child is suspected of being under the influence of drugs or alcohol while involved in club programs, I will be contacted and my child must leave the club.
2. I acknowledge that there may be inherent risks associated with this program and my child could sustain personal injury through participation and I am hereby accepting to take the risk on behalf of my child. To save harmless and keep indemnified the Boys and Girls Club of Strathcona County and their respective agents, officials, servants, and representatives from and against all death, injury, loss or damage to my child taking part in the club's programs.
3. I shall accept the responsibility of observing my child's participation in this program and should I have any objection to the manner in which my child is being supervised or instructed, I accept the responsibility to remove my child from this program and to inform Club staff-board of my concerns.
4. I understand that as a non-profit organization I will be called upon to participate in fundraising/volunteer activities.
5. I consent to the release of information in the case of a medical emergency and agree to pay any costs involved with my child's medical treatment including ambulance costs.
6. I understand that the Boys and Girls Club of Strathcona County programs are not a daycare facility and that it is the responsibility of parents/guardians to ensure that appropriate child care arrangements are made in the event of closure of the Club as well as before/after Club programs.
7. I understand that the Boys and Girls Club of Strathcona County is not responsible for transporting member to/from programs. Members will be allowed to leave the building without supervision. It is the responsibility of parents/guardians to ensure members who require transportation are picked up promptly at the end of program.
8. No personal information will be sold or shared for profit.
9. I give my consent for Strathcona County to use my child's information for program reporting and evaluation purposes.

As a non-profit group we rely on the support of volunteers. Volunteer participation helps to keep our costs and membership fees reasonable. Please check off your volunteer preferences. We will be contacting you with more information regarding your choices. Please check at least one.

Fund Development Administration Committee/Board Newsletter
 After-School Programs Evening Programs Special Events Other

Parent/Guardian Signature

Date

I would like to become a member of the Boys & Girls Club of Strathcona County, and enjoy the privileges of being a member. I agree to respect the Boys & Girls Club of Strathcona County facility and/or rented facilities and property. I also agree to respect the staff/volunteers, the rights of other members, and abide by the Boys U& Girls Club of Strathcona County rules. I understand that my behavior may result in a loss of privileges, temporary suspension from the club, or complete removal from the program.

Member Signature

Date

Boys & Girls Club of Strathcona County Signature

Date

Office Use Only

Receipt Number: _____

Received By: _____

Date: _____

Collection and use of personal information

This personal information is being collected in accordance with the *Freedom of Information and Protection of Privacy Act*. This information is requested so that we are prepared in the event of an emergency involving your child while in attendance during our programs. It may be disclosed to Emergency Services in the case of an incident requiring their assistance. If you have any questions about the collection and use of your information, contact the Coordinator, Boys and Girls Club of Strathcona County at (780)416-1500