

Youth Drop In Membership & Emergency Contact Form



Youth First Name:	Youth Last Name:
Address – Street no. – Apt	Youth Telephone (if applicable)
Date Of Birth (day/month/year)	Youth Email (if applicable)
School Name:	Grade: Age:

Emergency Contact

Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Mother/Parent Guardian (last name and first name)	Father/Parent Guardian (last name and first name)
Telephone:	Telephone:

Allergy or Illness Information

Additional Information:
Epi-Pen Location (if applicable)

I agree to waive and release Boys & Girls Club of Strathcona County its employees, volunteers, directors and agents from all claims for damages, injury or loss that may arise as a result of my child's participation in programs. I will impress upon the child the importance of following club rules, regulations and instructors directions. _____ **Please Initial.**

I am aware that my child may have his/her photograph taken by staff or local media and may appear in a variety of media sources on behalf of the Boys and Girls Club of Strathcona County _____ **Please Initial.**

IF YOU DO NOT WANT YOUR CHILDS PICTURE TAKEN PLEASE CHECK THE FOLLOWING BOX:

The Boys & Girls Club of Strathcona County reserves the right to remove any child/youth from the youth centre to ensure the safety and well-being of other participants, should we deem it necessary.

No refund will be granted under these circumstances _____ **Please Initial.**

Signature of Parent/Guardian _____

Date: _____

How is your child getting to the CanTEEN Youth Hub (Please check off the applicable)

- Parent Drop Off
- Walk to from school
- Boys & Girls Club of Strathcona County vehicle
- Public Transport or School Bus Drop Off
- Other

PERMISSION TO TRANSPORT

I give permission for my child to travel in vehicles operated by the Boys & Girls Club of Strathcona County/CanTEEN Youth Hub for the purposes of club related activities. I understand that the driver is fully qualified to operate club vehicles and that seatbelt use will be strictly enforced. _____ *Please Initial.*

DROP-IN AGREEMENT I acknowledge the purpose of The CanTEEN Youth Hub is a drop-in program for youth. I understand that youth may come and go as per the style of the service of being drop-in and that this includes my child(ren). Further, in consideration of your child being permitted off of the property owned, leased, or contracted by the Boys & Girls Club/CanTEEN Youth Hub, in the event of any accident, injury or sickness regarding my child, myself, any spouse of mine, and as parent/guardian of my child, do hereby agree to release and discharge the Boys and Girls Club of Strathcona County/CanTEEN Youth Hub, its officers, servants, volunteers and employees from all liability claims, and courses of action of ever nature.

Signature of Parent/Guardian _____

Date: _____

RELEASE OF LIABILITY I acknowledge that by contracting with the Boys & Girls Club of Strathcona County/CanTEEN Youth Hub, I am aware of the risks involved in the activities my child will be participating in at the club/CanTEEN Youth Hub. Further, in consideration of your child being permitted onto the property owned, leased, or contracted by the Boys & Girls Club/CanTEEN Youth Hub and participating in services contracted by myself, in the event of any accident, injury or sickness regarding my child, myself, any spouse of mine, and as parent/guardian of my child, do hereby agree to release and discharge the Boys and Girls Club of Strathcona County/ CanTEEN Youth Hub, its officers, servants, volunteers and employees from all liability claims, and courses of action of ever nature, whatsoever arising out of such use of properties and services contracted by myself, for my child and every member of the group of which my child is a member of.

I have read, understand, and agree to the items listed above.

Signature of Parent/Guardian _____

Date: _____