



ABESHA BOYS & GIRLS CLUB MEMBERSHIP FORM

This form must be filled out completely and waivers must be signed by a legal parent/guardian prior to your child attending Abesha Boys & Girls Club activities.

Child Information

Child's Name:	Child's Home Phone #:
Date of Birth: (M/D/YR)	School Attending:
Child's Address:	Postal Code:
Parent email address:	

Parent/Guardian Information

Name:	Home Phone #	Mobile Phone #	Alternate Ph. #
1.			
2.			

Emergency Contacts and Alternate Pick up (must provide one other than parent/guardian)

Name:	Home Phone #	Mobile Phone #	Alternate Phone #
1.			
2.			

Medical/Behavior Information

Medical #:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Doctor's Name:	Doctor's Phone #:
Is your child taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Will you require Abesha Boys & Girls Club coordinators to administer your child's medication? <input type="checkbox"/> Yes (Care plan may need to be completed) <input type="checkbox"/> No	
Does your child have any medical issues we should be aware of? <input type="checkbox"/> Yes (Care plan may need to be completed) <input type="checkbox"/> No If yes, please specify:	
Does your child have any behavioral issues we should be aware of? <input type="checkbox"/> Yes (Care plan may need to be completed) <input type="checkbox"/> No If yes, please specify:	
Does your child have any food allergies/special dietary requirements? <input type="checkbox"/> Yes (Care plan may need to be completed) <input type="checkbox"/> No If yes, please specify:	

Additional Information

Are there any custody issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No
--



ABESHA BOYS & GIRLS CLUB MEMBERSHIP FORM

If yes, please specify and include any pertinent documentation:

Child Identification Information

Height:	Weight:	Eye Color:
Hair Color:		Physical Markings

Permission to Transport

I give permission for my child to travel in vehicles operated by the Abesha Boys & Girls Club for the purposes of field trips. I understand that the driver is fully qualified to operate the vehicles and that seatbelt use (where available) will be strictly enforced.

I have read, understand and agree to the above statement.

Children Leaving the Club

At the end of each program day, children 12 years of age and younger must be picked up by their parent/guardian or a responsible adult who has been registered with the Club as an emergency contact or alternate pick-up. Children may not leave Club programs accompanied by any unregistered person. In some individual circumstances, other options may be possible, but prior arrangements must be made with the program coordinators.

I have read, understand and agree to the above statement.

Reduction of Program Participation or Withdrawal From The Club

Families **must notify** the program coordinators if their child (ren)'s participation level needs to change. If a child will not be attending his/her program on a scheduled day, the program coordinators **must** be notified as soon as possible. Failure to provide such notice may result in loss of Club privileges and suspension from programs.

I have read, understand and agree to the above statement.

Visual Image Permission

I give permission for visual images (photos, video, film, etc) of my child to be included in television, print, web site promotion or publicity for and about the Abesha Boys and Girls Club activities and events.

- I have read, understand and agree to the above statement.
- I do give permission for visual images of my child to be recorded.

Medical Waiver

I have fully disclosed, to the best of my knowledge, any physical or health issues that could potentially affect my child's participation in Abesha Boys & Girls Club programs or activities. I authorize the program coordinators to obtain such medical advice and services as he/she deems necessary for the health and safety of my child. In respect of medical services which requires a consent of parent/guardian, I authorize the program coordinators to provide such consent when all reasonable attempts to contact either me or other parent or guardian of my child has failed, or where due to the nature of the emergency, there is insufficient time to contact me or such other parent or guardian. I accept financial responsibility for all medical costs which exceed coverage provided by the British Columbia Medical Services Plan.

I have read, understand and agree to the above statement.

Release of Liability



ABESHA BOYS & GIRLS CLUB MEMBERSHIP FORM

I acknowledge that by contracting with Abesha Boys and Girls Club, I am aware of the risks involved in the activities my child will participate in at this Club. Further, in consideration of him/her being permitted to come onto property owned, leased, or contracted by the Abesha Boys and Girls Club 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 Abesha Boys & Girls Club, its program coordinators, volunteers and ECA and its members and employees from all liability claims and courses of action of every 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 or invitee.

I have read, understand and agree to the above statement.

Agreement to Follow Guidelines Form

Abesha Boys & Girls Club operates our programs within the terms of our program operations and behavioral guidelines. It is required that all parents/guardians understand and comply with these guidelines

I agree to read and abide by the Club Programs Guidelines and to direct any questions or concerns that I may have about these guidelines to the Director, Children's Recreation Programs.

Photo & Immunization Records

I agree to provide a copy of my child's immunization records and a current photo to Abesha Boys and Girls Club, **prior to my child attending** Club programs.

Why do I have to provide personal information?

Information is collected for the registration purposes to ensure that we provide a safe and supported environment consistent with the needs of your child (ren). ECA is a legal entity and is required to provide demographics reporting, detailing how different groups are served by our organization. The information you provide is completely confidential and collected for this purpose only.

Parent's /Guardian's Name

Signature

Date