



BOYS & GIRLS CLUB OF TRURO AND COLCHESTER

"A GOOD PLACE TO BE"

175 Victoria Street, Truro, NS B2N 1Z5

Phone: 895-5008, Fax: 893-1171, E-mail: amcnea@bgctc.ca

CHILD/YOUTH			Male <input type="checkbox"/>
			Female <input type="checkbox"/>
NAME: _____			Full Time <input type="checkbox"/>
FIRST	INITIAL	LAST	Part Time <input type="checkbox"/>
ADDRESS: _____			
STREET	APT	CITY	POSTAL CODE
PHONE: _____	DATE OF BIRTH: _____	START DATE: _____	
	MONTH/DAY/YEAR	MONTH/DAY/YEAR	
HEALTH CARD NO.: _____	SCHOOL : _____	GRADE: _____	

Who does the child live with: Mother Father Both Other: _____

Is there a custody order that restricts any individual from having access to the registered member? YES NO
If yes please attach a copy of the Court Order supporting the access restrictions.

Primary Caregiver: _____ Relationship to Member _____

Home# _____ Work # _____ Other: _____ Email address: _____

Secondary Caregiver: _____ Relationship to Member _____

Home# _____ Work # _____ Other: _____ Email address: _____

Local Emergency Contact: _____ Relationship to Member _____

Home# _____ Work # _____ Other: _____

NAME OF DOCTOR: _____	PHONE: _____
-----------------------	--------------

MEDICATION, ALLERGIES, DIETARY OR PHYSICAL RESTRICTIONS, OR OTHER IMPORTANT INFORMATION THAT WE SHOULD BE AWARE OF:

THE FOLLOWING INDIVIDUALS (IN ADDITION TO THOSE LISTED ABOVE) ARE PERMITTED TO PICK UP MY CHILD:

_____ NAME	_____ NAME	_____ NAME
_____ PHONE	_____ PHONE	_____ PHONE

Membership: It is required that members have Membership and Registration forms completed by guardians. As a parent/guardian, I understand that it is my responsibility to ensure that the Truro Boys and Girls Club has in writing, up-to-date information regarding my child.

Payments: Bills are issued once a month. Payment is due on or before the 1st day of each month. If payment is not received in time, a warning will be issued. All programs run by the Truro Boys and Girls Club require Post Dated Cheques. As a parent/guardian, I acknowledge that if the warning does not result in prompt payment or an appointment booked with Administration, my child may be subject to dismissal from the program.

Cancellations: Two weeks written notice is required to withdraw from all Spring/Fall/Winter programs. A one-month written notice must be given for Summer Programs. As a parent/guardian, I understand that if this procedure is not followed I will be charged accordingly.

Refunds/Reimbursements: The deposit paid upon registering is **non-refundable**, and the membership fee will not be returned to a client upon written receipt of cancellation. As a parent/guardian, I understand that if I am entitled to a reimbursement for any reason I should allow fourteen (14) business days to receive this refund by mail.

Health Information: I understand that as a parent/guardian, it is my responsibility to submit, **in writing**, medical information or history that may affect or require attention of my child in any program.

Parent/Guardian Consent

1. I will ensure that my child's clothing and equipment is adequate.
2. I understand that every care and attention will be given to the participant, but that the Truro Boys and Girls Club, Board, Staff and volunteers cannot be held liable for injuries sustained.
3. I hereby authorize the staff of the program to secure medical treatment, advice, and services as they seem necessary for the health and safety of my child/ward, I agree to accept financial responsibility for costs greater than benefits allowed by the Provincial Medical Services Insurance:
 - a) Where the health and well being of the applicant is involved.
 - b) Where medical advice has been such that further medical services are required-services which required the consent of the guardian.
 - c) Where all attempts to contact the guardian have failed, or where, due to the nature of the emergency, there is insufficient time to contact the guardian.

The undersigned grant permission of the Truro Boys and Girls Club for the following in regards to my child

- Transportation of my child in club authorized vehicles. Yes No _____
- Visual reproduction (photograph, film, video, digital picture etc) of my child on the Boys and Girls Club of Truro and Colchester Website and Facebook page. Yes No _____
- Visual reproduction (photograph, film, video, digital picture etc) of my child for publicity purposes connected with the promotional work of the Boys and Girls Club of Truro and Colchester or its members clubs or regions. Yes No _____

It shall be at the discretion of the leader of the event as to what steps must be taken for the welfare and safety of the applicant.

I have read and understood the information contained above. As a parent/guardian, I agree to abide by its contents as long as my child remains a member at the Truro Boys and Girls Club. I also understand that by providing my e-mail I agree to a business relationship and will occasionally receive e-mails containing club information, updates, changes and invoices for billing purposes.

Parent/Guardian Signature

Date

Boys & Girls Club of Truro and Colchester