

BOYS & GIRLS CLUB CONTRACT - Youth

The following information is necessary for our records and for the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. PLEASE PRINT CLEARLY:

Type of contract Grades 9-12

Youth Membership

Visitor

Address: _____
Street # & Name
City
Postal Code

Home Phone #: _____ Email Address: _____

Name: _____
FIRST
MIDDLE
LAST

Date of Birth: ____/____/____ Age: ____ Sex: Male Female Gender X
DAY MONTH YEAR

School Name: _____ Grade: ____ Will your youth be attending Supper Club? Yes No

Does your youth have any Medical, Physical or Emotional concerns that we should know about? i.e. ADHD, emotional outbursts, allergies or any other conditions where extra attention may be required. Please give details:

Doctor: _____
NAME
NUMBER

List any Medication your youth is taking: _____ Health Card #: _____

ETHNIC BACKGROUND

Asian	Specify: _____	Caribbean	African Canadian	Metis
European	Specify: _____	Hispanic	First Nation	Other Specify: _____
Middle Eastern	Specify: _____	Caucasian	Inuit	Decline to Answer

FAMILY HISTORY

Parent(s) Marital Status:	Other	Married	Separated	Divorced	Widowed	Single
Youth Lives with:	Mother	Father	Both	Guardian	Mother and Step Father	Father and Step Mother
	Grandparent (s)	Aunt / Uncle	Sister / Brother	Other Specify: _____		
Number of Sisters / Step Sisters: ____ Number of Brother / Step Brothers: ____ Number of People in Household: ____						
Family Setting	One Parent Family	Two Parent Family	Joint Custody	Other	Specify: _____	

PARENT 1

Sex: Male Female Gender X

Name: _____

Relation to Youth: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell #: _____

Email: _____

PARENT 2

Sex: Male Female Gender X

Name: _____

Relation to Youth: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell #: _____

Email: _____

EMERGENCY CONTACTS (people who do not live in the home)

Emergency Contact 1: _____

FIRST	LAST	RELATIONSHIP
HOME PHONE #	WORK PHONE #	CELL PHONE #

Emergency Contact 2: _____

FIRST	LAST	RELATIONSHIP
HOME PHONE #	WORK PHONE #	CELL PHONE #

Annual Membership is \$50.00 or \$3.00 for visit

We would like to give everyone an opportunity to participate in our programs.

If you are unable to pay for a membership, please contact us at (519) 434-9114.

Please Check box for your Annual Household Income	Under \$24,000
	\$24,000 - \$40,000
	\$40,000 - \$60,000
	Over \$60,000

School Year Supper Club Pass
(School year runs September - June)

We are offering Youth the opportunity for the school year Supper Club at \$60.00 per youth
Payment is non-refundable and not prorated.

of Youth _____ x \$60= _____ (Total Payment Due)

MEMBERSHIPS ARE VALID FOR ONE YEAR FROM THE TIME OF PURCHASE

REFUND POLICY

Members can request a refund two (2) weeks after purchase. The refund will be prorated as 11 months of their membership minus a \$15.00 administration fee.

Please initial here _____ to indicate that you have read and understood the Refund Policy.

MEDIA CONSENT

PLEASE NOTE: Promotional Material: The BGCL reserve the right and permission to publish, reproduce, distribute and /or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of the BGCL. The BGCL shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product.

I do not give permission to use my child's photograph.

MEMBERSHIP AGREEMENT

I have read the completed contract; understand the rules of the Boys & Girls Club of London and request that my youth be admitted into **membership / visitor**. I have explained the rules to my youth and agree that the Boys & Girls Club of London Foundation will not be responsible for any accident to my family on the premises or while engaged in any activities away from the Boys & Girls Club of London.

I, the undersigned, the parent/guardian of the above named youth do hereby consent to this child's participation in the Boys & Girls Club of London's programs. I acknowledge that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the above named youth is safe from further injury. I am aware of no physical or other reasons why this youth should not participate in club programs and related club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the Member, the Boys & Girls Club of London Foundation, its employees/agents or the facility where the activity is taking place.

By choosing to take part in this activity, I am accepting the risk that my youth may be injured. The Boys & Girls Club of London and the Boys & Girls Club of London Foundation does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the Boys & Girls Club of London allowing this youth to participate in Club programs, **I agree to waive and release Boys & Girls Club of London, Boys & Girls Club of London Foundation, its employees, volunteers, directors and agents (the "Releasees") from all claims for damages, injury or loss that may arise as a result of my youth participation in programs, including those arising from the Releasees own negligence (i.e. a failure to take reasonable care). I will impress upon the youth the importance of following Club rules, regulations and instructors directions.** To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted.

Parent / Guardian Signature

Witness

Date

<u>FOR OFFICE USE ONLY</u>			
Amt. Paid: \$ _____	Paid By: Cash	Debit	Visa/MC
	Date: _____		
Receipt No.: _____	Received By: _____		

Child/Youth Participant Code of Conduct

I, _____, hereby agree to the following rules and guidelines.
Child/Youth Participant's name – *If more than one child, please add all names

I, _____, as the parent/guardian of _____, hereby agree that I understand and accept the rules and guidelines of the Boys & Girls Club of London and understand and accept the consequences for my child(ren) if they breach the Code of Conduct.

1. I will listen and show respect to the Club staff, volunteers and my peers.
2. I will be fair, kind and will include everyone.
3. I will use good manners and appropriate language: swearing, cultural or sexual slurs/comments/jokes will not be tolerated.
4. I will respect Club property and equipment, and will help to keep the Club clean.
5. I will be responsible for my own belongings.
6. I will follow Club rules.
7. I am responsible for my own choices and actions – thinking before I act or react.
8. I will come prepared, dressed appropriately, and ready to actively participate in Club programs.
9. I will stay in the Club program and with staff until it is time to go home.
10. I will express my thoughts and feelings to the Club staff so that they can support me.
11. I will behave in a manner that reflects favourably on me and my group, as I am an Ambassador of the Boys & Girls Club.

I understand that failure to comply with the Code of Conduct may result in a behavioural contract, suspension or expulsion from the Boys & Girls Club of London.

1. Signature of Child/Youth Participant

2. Signature of Child/Youth Participant

Signature of Parent/Guardian

Date

Additional children: (if applicable)

3. Signature of Child/Youth Participant

4. Signature of Child/Youth Participant

5. Signature of Child/Youth Participant

6. Signature of Child/Youth Participant

BOYS & GIRLS CLUB OF LONDON – YOUTH MEMBERSHIP

RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

**BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

PLEASE READ CAREFULLY!

INITIAL

Name	Last	First	Phone
Address	Street		
	City	E-mail	Birth date mm / dd / yyyy
	Postal Code	Parent	Phone
	Medical Condition which may impact my ability to take part in activities (see below)	List: None _____ (initial)	

TO: Boys & Girls Club of London and the Boys & Girls Club of London Foundation (together the “BGCL”) and their directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the “Releasees”).

COVID – 19 COVID-19 is a contagious disease (“Covid”). We care about you, your family, our employees and the public. We strive to obey the law and follow Covid guidelines and implement all risk mitigation measures. However there are significant health risks and high risk of transmission through physical or shared contact. COVID-19 is novel and, because it can be transmitted through physical or shared contact with another person, the risk of contraction from engaging in sport activities may be foreseeable.

ASSUMPTION OF RISKS

I am aware that the activities at the BGCL programs involve risks and dangers that may cause serious injury and even death, and loss or damage to personal property. These risks are inherent in the activities and cannot be eliminated without altering their character and value. The risks include, among others, the following: contracting Covid; moving about the BGCL premises; negligence on the part of myself and/or other participants; negligence of the BGCL and its staff, including the improper use of equipment; the breakage and failure of equipment and structures; over exertion, together with other risks which may be encountered and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

The BGCL programs are designed for use by participants of average strength, mobility and fitness who are in good health. Several medical conditions, including but not limited to obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or joint and muscular-skeletal problems may impair the safety and well being of participants as may other medical, physical, psychological or psychiatric problems. All such medical conditions may increase the risk of participating in the programs and cause the participant to be a danger to themselves or others. Participants with underlying medical, physical, psychological or psychiatric conditions must evaluate their condition and their ability before choosing to participate in the programs. All participants must inform BGCL in writing of any such medical, physical, psychological or psychiatric conditions before participating in any programs. The Releasees reserve the right to prevent any person, for medical or safety reasons, from participating in the programs at any time.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE BGCL PROGRAMS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees permitting my use of the BGCL PROGRAMS and other facilities at the BGCL (hereinafter referred to as “the BGCL Facilities”), I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the **RELEASEES**, and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from either my use of or my presence at or on the BGCL Facilities DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE UNDER THE **OCCUPIERS LIABILITY ACT**, RSO 1990, c.02 ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the BGCL facilities.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____ 20__

Signature of Parent or Guardian if participant
is under 18 years

Signature of participant

Witness (BGCL Staff Member)

Print participant's name clearly

Please print witness name clearly