



Boys & Girls Club  
of London  
A good place to be

184 Horton Street London, ON N6B 1K8  
Tel: (519) 434-9114 Fax: (519) 434-7306  
www.bgclondon.ca

<b>FOR OFFICE USE ONLY</b>
Membership Code: _____
Expiry Date: _____

## **BOYS & GIRLS CLUB CONTRACT**

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

Family Membership  Child/Youth Membership  Visitor  ACT-i-Pass Participant  # \_\_\_\_\_

Address: \_\_\_\_\_  
Street # & Name
City
Postal Code

Home Phone #: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **CHILD 1**

<b>OFFICE USE ONLY</b>
Kidtrax # _____

Name: \_\_\_\_\_  
FIRST
MIDDLE
LAST

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

DAY MONTH YEAR

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Will your child be attending Supper Club? Yes  No

**Do you give consent for your child to use the BGCL Bus? Yes  No  If so, which day of the week? \_\_\_\_\_**

Can your child walk home alone? Yes  No

**Does your child know how to swim? Yes  No  Does your child require a lifejacket while swimming? Yes  No**

Does your child 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you give consent to the Boys & Girls Club to use your child's name and photo for public purposes? Yes  No**

Child's Doctor: \_\_\_\_\_  
NAME
NUMBER

List any Medication your child is taking: \_\_\_\_\_ Health Card #: \_\_\_\_\_

List anyone who is **NOT ALLOWED** to pick up your child: \_\_\_\_\_  
NAME AND RELATIONSHIP TO CHILD



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**CHILD 2**

<b>OFFICE USE ONLY</b>
Kidtrax # _____

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   
DAY MONTH YEAR

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Will your child be attending Supper Club? Yes  No

Do you give consent for your child to use the BGCL Bus? Yes  No  If so, which day of the week? \_\_\_\_\_

Does your child know how to swim? Yes  No  Does your child require a lifejacket while swimming? Yes  No

Does your child 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you give consent to the Boys & Girls Club to use your child's name and photo for public purposes?** Yes  No

Child's Doctor: \_\_\_\_\_  
NAME NUMBER

List any Medication your child is taking: \_\_\_\_\_ Health Card #: \_\_\_\_\_

List anyone who is **NOT ALLOWED** to pick up your child: \_\_\_\_\_  
NAME AND RELATIONSHIP TO CHILD

**ETHNIC BACKGROUND**

Asian <input type="checkbox"/>	Specify: _____	Caribbean <input type="checkbox"/>	African Canadian <input type="checkbox"/>
European <input type="checkbox"/>	Specify: _____	Spanish <input type="checkbox"/>	Aboriginal <input type="checkbox"/>
Middle Eastern <input type="checkbox"/>	Specify: _____	Caucasian <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____

**FAMILY HISTORY**

<b>Parent(s) Marital Status:</b>	Other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
<b>Child lives with:</b>	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Mother and Step Father <input type="checkbox"/> Father and Step Mother <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/ Brother <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Number of Sisters / Step Sisters: _____ Number of Brother / Step Brothers: _____ Number of People in Household: _____	
<b>Family Setting:</b>	One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____



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Kidtrax # \_\_\_\_\_

**FATHER / STEP FATHER / GUARDIAN**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

**MOTHER / STEP MOTHER / GUARDIAN**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

\*\*\*\*Below is for **Family Memberships ONLY**  
**Parent/Guardian Medical Information \*\*\*\***

List any Health Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List any Medications you are taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Health Card #: \_\_\_\_\_

\*\*\*\*Below is for **Family Memberships ONLY**  
**Parent/Guardian Medical Information \*\*\*\***

List any Health Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List any Medications you are taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Health Card #: \_\_\_\_\_

**Membership prices are subsidized according to combined family income**

**ANNUAL COMBINED FAMILY INCOME:** Under \$24,000  \$24,000 - \$30,000  \$30,000 - \$50,000  Over \$50,000

**MEMBERSHIP PAYMENT CHART**

Number of Children	1	2	3	4	5	6	Client pays per child	Club Pays
<b>Gross Annual Household Income</b>	Up to \$20,000	Up to \$23,000	Up to \$26,000	Up to \$29,000	Up to \$32,000	Up to \$35,000	<b>\$25.00</b>	\$175.00
	Up to \$25,000	Up to \$28,000	Up to \$31,000	Up to \$34,000	Up to \$37,000	Up to \$40,000	<b>\$50.00</b>	\$150.00
	Up to \$32,000	Up to \$35,000	Up to \$38,000	Up to \$41,000	Up to \$44,000	Up to \$47,000	<b>\$80.00</b>	\$120.00
	Up to \$41,000	Up to \$44,000	Up to \$47,000	Up to \$50,000	Up to \$53,000	Up to \$56,000	<b>\$115.00</b>	\$85.00
	Up to \$52,000	Up to \$55,000	Up to \$58,000	Up to \$61,000	Up to \$64,000	Up to \$67,000	<b>\$155.00</b>	\$45.00
	Up to \$65,000	Up to \$68,000	Up to \$71,000	Up to \$74,000	Up to \$77,000	Up to \$80,000	<b>\$175.00</b>	\$25.00
	\$65,001 and over	\$68,001 and over	\$71,001 and over	\$74,001 and over	\$77,001 and over	\$80,001 and over	<b>\$200.00</b>	\$0
<b>Act-i-Pass</b>	<b>Act-i-Pass program is free to all children in Grade 5, please visit <a href="http://www.inmotion4life.ca/actipass/">www.inmotion4life.ca/actipass/</a> for more information.</b>							
<b>Visitor Fee</b>	<b>Cost per visitor is \$3.00</b>							

**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.**



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

**Emergency Contact 1:**

First Name	Last Name	Relationship

Home Phone #	Work Phone #	Cell Phone #
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**Emergency Contact 2:**

First Name	Last Name	Relationship

Home Phone #	Work Phone #	Cell Phone #
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**Please list anyone who is ALLOWED to pick up your child(ren) :**

1.				
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER
2.				
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER
3.				
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER
4.				
	FIRST	LAST	RELATIONSHIP TO CHILD	PHONE NUMBER

**Full Year Supper Club**  
 We are offering Families the opportunity for Full Year Supper Club at \$60.00 per child.  
**# Children \_\_\_\_\_ x \$60 = \_\_\_\_\_ (Total Payment Due)**

**MEMBERSHIPS ARE VALID FOR ONE YEAR FROM THE TIME OF PURCHASE**

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

I, the undersigned, the parent/guardian of the above named child 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 child is safe from further injury. I am aware of no physical or other reasons why this child 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, or the Club, 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 child may be injured. The Boys and Girls Club of London 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 child to participate in club programs, **I agree to waive and release Boys & Girls Club of London, its employees, volunteers, directors and agents (the "Releasees") from all claims for damages, injury or loss that may arise as a result of my child's participation in programs, including those arising from the Releasees own negligence (i.e a failure to take reasonable care). I will impress upon the child 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**

**FOR OFFICE USE ONLY**

Amt. Paid: \$ _____	Paid By: Cash <input type="checkbox"/>	Debit <input type="checkbox"/>	Visa / MC <input type="checkbox"/>	Date: _____
Receipt No.: _____		Received By: _____		