



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

FOR OFFICE USE ONLY
Membership Code: _____
Expiry Date: _____

BOYS & GIRLS CLUB CONTRACT - CHILD

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

Child Membership Visitor ACT-i-Pass Participant # _____ (Please provide Card number)

Address: _____
Street # & Name
City
Postal Code

Home Phone #: (____) _____ E-Mail Address: _____

CHILD 1

OFFICE USE ONLY
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

OFFICE USE ONLY
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

Parent(s) Marital Status:	Other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
Child lives with:	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: _____	
Family Setting:	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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FATHER / STEP FATHER / GUARDIAN

Name: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell #: _____
Email: _____

MOTHER / STEP MOTHER / GUARDIAN

Name: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell #: _____
Email: _____

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
Gross Annual Household Income	Up to \$20,000	Up to \$23,000	Up to \$26,000	Up to \$29,000	Up to \$32,000	Up to \$35,000	\$25.00	\$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	\$50.00	\$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	\$80.00	\$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	\$115.00	\$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	\$155.00	\$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	\$175.00	\$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	\$200.00	\$0
Act-i-Pass	Act-i-Pass program is free to all children in Grade 5, please visit www.inmotion4life.ca/actipass/ for more information.							
Visitor Fee	Cost per visitor is \$3.00							

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.

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

Emergency Contact 1: _____
First Name Last Name Relationship

Home Phone # Work Phone # Cell Phone #

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

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

We are offering Children the opportunity for the School Year Supper Club at **\$60.00** per child.
Payment is non-refundable and not prorated.

of 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 **child(ren)** be admitted into **membership / visitor**. I have explained the rules to my child(ren) 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 Debit Visa / MC Date: _____

Receipt No.: _____ Received By: _____