



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:	_____

YOUTH MEMBERSHIP 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:**

Grades 9-12 Youth Membership **Visitor**

Address: _____
Street # & Name
City
Postal Code

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

YOUTH 1

Name: _____
FIRST
MIDDLE
LAST

OFFICE USE ONLY
Kidtrax # _____

Date of Birth: ____ / ____ / ____ **Age:** _____ **Sex:** Male Female

School Name: _____ **Grade:** _____ **Will they be attending Supper Club?** Yes No

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

Doctor: _____
NAME
NUMBER

List any Medication: _____ **Health Card #:** _____

Do they 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:

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: _____

EMERGENCY CONTACTS

Emergency Contact 1 (Parent or Guardian): _____
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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Annual Membership is \$50.00 or Visit for \$3

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 Circle your Annual Household Income	Under 24,000
	24,000 – 30,000
	30,000 – 50,000
	Over 50,000

Full Year Supper Club

We are offering the opportunity for a full school year of Supper Club at \$60.00 per child/youth.
Youth _____ 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** be admitted into **membership / visitor**. I have explained the rules to my children and agree that the Boys & Girls Club 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.**

Parent / Guardian Signature (If child/youth is under 18 yrs.)

Date

Witness Signature

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