

REGISTRATION FORM - YOUTH



Youth Programs and Services

Kamloops

Personal Information and Confidentiality: Your personal information is collected for (1) registration purposes to ensure that we provide a safe and supportive environment for your child, and (2) for completing demographic and statistic reports for our funders. We respect the privacy of all our members. The information you provide is confidential and will not be shared without your written permission. To learn more about our privacy policy, please visit www.bgckamloops.com or speak to a member of our administration team. If you have any questions or concerns about this form, we're happy to help.

YOUTH INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name(s): _____

Address: _____ City: _____ Postal Code: _____

Date of Birth (month/day/year): _____ Gender: _____ Pronouns: _____

Height: _____ Weight (lbs): _____ Hair Color: _____ Eye Color: _____

School attending: _____ Grade: _____

Swimming Ability: Strong Capable Weak Non-Swimmer

Primary Language Spoken: _____ Other Languages Spoken: _____

Indigenous: Yes No **If yes, please note ancestry:** _____

New Canadian: Yes No **Date arrived in Canada? (month/day/year):** _____

Refugee: Yes No **Military Family:** Yes No

Ethnic Origin: _____

Member Lives With:

- | | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Youth Agreement |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Guardians | |

Is there a custody order involved? Yes No

**If yes, a custody order MUST be attached.*

MEDICAL INFORMATION

BC Health Care Card # (MANDATORY): _____

Family Doctor's Name: _____ Phone Number: _____

To the best of your knowledge, your child's immunizations are up-to-date: Yes No

Other professionals involved in your child's care (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Psychiatrist _____ | <input type="checkbox"/> Nurse _____ | <input type="checkbox"/> School Professional _____ |
| <input type="checkbox"/> Psychologist _____ | <input type="checkbox"/> Support Worker _____ | <input type="checkbox"/> Counsellor _____ |
| <input type="checkbox"/> Social Worker _____ | <input type="checkbox"/> Probation Officer _____ | <input type="checkbox"/> Other: _____ |

PLEASE NOTE: If you answer 'yes' to any of the questions below, a *Care Plan* is required to best support the health and safety of your youth. A staff member will contact you shortly.

Does your youth have a condition that has been diagnosed by a medical professional? Yes No

If yes, please describe below:

Does your youth take any medications? Yes No

If yes, please list the medications and dosages below:

Are BGC Kamloops staff required to administer your youth's medication? Yes No

Does your youth have any health, physical limitations, or special considerations that our staff team should be aware (e.g., behavioural concerns, injuries, emotional sensitivities, disabilities, recent loss, seizures, food allergies, vegetarian, etc.)? Yes No

If yes, please explain:

CONTACTS

PARENT OR LEGAL GUARDIAN

Last Name: _____ First Name: _____

Email Address: _____

Best Phone Number(s) To Reach You: _____

Preferred Way to Contact You: Phone _____ Email Text _____

Mailing Address (if different from youth's): _____

City: _____ Province: _____ Postal Code: _____

Relationship to Youth (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father | <input type="checkbox"/> Guardian | |

PARENT OR LEGAL GUARDIAN

Last Name: _____ First Name: _____

Email Address: _____

Best Phone Number(s) To Reach You: _____

Preferred Way to Contact You: Phone _____ Email _____ Text _____

Mailing Address (if different from youth's): _____

City: _____ Province: _____ Postal Code: _____

Relationship to Youth (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father | <input type="checkbox"/> Guardian | |

EMERGENCY CONTACTS

1ST EMERGENCY CONTACT

Last Name: _____ First Name: _____

Email Address: _____

Best Phone Number(s) To Reach Them: _____

Mailing Address (if different from youth's): _____

City: _____ Province: _____ Postal Code: _____

Relationship to Youth (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Guardian | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager/Worker |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Other Family | |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Social Worker | |

2ND EMERGENCY CONTACT

Last Name: _____ First Name: _____

Email Address: _____

Best Phone Number(s) To Reach Them: _____

Mailing Address (if different from youth's): _____

City: _____ Province: _____ Postal Code: _____

Relationship to Youth (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Guardian | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager/Worker |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Other Family | |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Social Worker | |

WAIVERS

(Please check the appropriate boxes below)

PERMISSION TO TRANSPORT

I give permission for my youth to travel in vehicles operated by BGC Kamloops staff for the purposes of pickups, field trips, outings, and emergencies. I understand that the driver is fully qualified to operate Club vehicles and that seatbelt use is strictly enforced.

I have read, understand, and agree to the above statement.

VISUAL IMAGE PERMISSION

I give my permission for my youth to be included in visual images (e.g., photos, videos, etc.) that may be used for BGC Kamloops marketing and communication purposes (e.g., website, brochures, posters, social media, television, etc.). Please note: All images will be used respectfully and will not include full names.

I have read, understood, and give permission to use visual images of my youth.

I have read, understood, and do NOT give permission to use visual images of my youth.

YOUTH LEAVING THE CLUB/DROP-IN

Youth can choose when they come and go from Club programs. Club staff will not prevent your youth from leaving the Club, however youth are encouraged to communicate with their parents/guardians about their whereabouts.

I have read, understand, and agree to the above statement.

MEDICAL WAIVER

To the best of my knowledge, I have fully disclosed any physical and/or health issues that could potentially affect my youth's participation in Club programs or activities. I authorize the Club staff to obtain medical advice and services as they deem necessary for the health and safety of my youth. In cases where my medical consent is needed, I authorize the BGC Kamloops staff to provide medical consent when all reasonable attempts to contact me, another parent/guardian of my youth, or an emergency contact has failed, as well as in the case of a medical emergency when there is not enough time to contact me, another parent/guardian of my youth, or an emergency contact. I accept full financial responsibility for all medical costs that exceed coverage provided by the British Columbia Medical Services Plan.

I have read, understand, and agree to the above statement.

RELEASE OF LIABILITY

I acknowledge that by contracting with the BGC Kamloops, I am aware of the risks involved in the activities my youth/minor will be participating in at the Club. In consideration of my youth being permitted to come onto the property owned, leased, or contracted by the BGC Kamloops, and participate in programs and services contracted by myself, I hereby agree to release and discharge BGC Kamloops' officers, servants, funders, volunteers, Club members, and employees from all liability claims and courses of action of any nature whatsoever in the event of any accident, injury, or sickness regarding my youth/dependent, myself, any spouse of mine, and any member of my family arising out of such use of properties and services of the BGC Kamloops.

I have read, understand, and agree to the above statement.

AGREEMENT TO FOLLOW GUIDELINES FORM

BGC Kamloops operates Club programs and services within the terms of their program operations and behavioural guidelines. It is required that all parents/guardians understand and comply with these guidelines. A copy of the Clubs' program guidelines will be provided upon registration and is available at the John Tod Club administration office.

I agree to read and abide by the Club Programs' Guidelines and to direct any questions or concerns that I may have about these guidelines to the Manager of Program Operations: programs@bgckamloops.com or (250)-554-5437

CONSENT TO SERVICE

The Club requires written consent from a parent/guardian for minors (minors are defined by the legislation in your Club's province/territory) to receive service.

I have read, understand, and agree to the above statement.

YOUTH PROGRAMS AND SERVICES

All youth program and services are drop-in style. Please visit our website for details on specific dates and times of operation – www.bgckamloops.com/youth-programs

Please check each program your youth is interested in attending:

- Youth After School Drop-In (ages 11-18)
- Youth Life Skills (ages 11-18 for drop-in and 19-24 by appointment only)
- Nights Alive (ages 13-18)
- Raise the Grade (ages 12-18)
- Girls Group (ages 11-18)
- Boys Group (ages 11-18)
- Youth Summer Drop-In (ages 11-18)
- Youth Leadership Council (application process)
- Youth Housing and Resource Support (ages 11-24, must register separately)

PAYMENT INFORMATION

All youth programs and services are provided at no cost.

SIGNATURES

Name of Parent/Legal Guardian (please print): _____

Signature of Parent/Legal Guardian: _____

Date of Signature: _____

