

Seaside Park Evening Youth Program 2019-2020

Child Information:

All youth must have a registration form completed and submitted by parent to confirm registration.

Name:		Preferred Pronoun: Him/He Her/She They/Their Other		Birthdate: mm/dd/yyyy	
Mailing Address:		City:	Province:	Postal Code:	
Medicare #:	Expiry Date:	Age:		Home Phone #:	
Parent/Guardian's Name:			Parent/Guardian's Name:		
Occupation:	Work Phone#:	Occupation:	Work Phone#:		
Cell Phone/Pager:		Cell Phone/Pager:			
Email Address:		Email Address:			
Marital Status:	Single Widowed Divorced	Married Separated	With whom has the child lived for the most of the past year? Mother Father Both Guardian Other (specify)		
Siblings:		Other people living in the home:			
Name _____ Age _____		Name: _____ Relationship _____			
Name _____ Age _____		Name: _____ Relationship _____			
Name _____ Age _____		Name: _____ Relationship _____			
What languages are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____					
Emergency Contact: (different from parent/guardian)			Emergency Contact: (different from parent/guardian)		
Name: _____			Name: _____		
Relationship: _____			Relationship: _____		
Home #: _____ Work #: _____			Home #: _____ Work #: _____		
Will your child be using our transportation service? Please check Yes No					
<p>Transportation Pick up & Drop off – Ages 8 & Under</p> <p>Children 8 years & under will not be allowed to enter or exit the Club vehicles at their stop unless there is an adult or stop representative present. If there is no one at the stop, and the parent/guardian is unreachable, the child will be brought back to the Club and the parent/guardian will be responsible for picking up their child.</p> <p>Designated Pick Up/Drop off Person(s): Please list names below</p> <p>_____</p>					
<p>It is the responsibility of the parent/guardian to update all contact information if changed throughout the program year. It is mandatory that we have current contact information on all children in case of an emergency.</p> <p>**Parent/Guardian Initial: _____</p>					

Medical Information:

Please note any emergency treatment or medications that your child is taking (Epipen, Benadryl, include any behaviour modification medications i.e. Ritalin)

Allergies: Please list any medication, food or other allergies your child has:

Waiver of Liability

In consideration of acceptance of this application in the Boys & Girls Club of Saint John, Inc. evening program, I (we) the parent/legal guardian of the child listed above, our heirs, executors, administrators, successors and assigns waive and release any and all rights and claims for damages we have or may have against The Boys & Girls Club of Saint John, Inc., volunteers, directors, agents or their representatives, successors and assigns for any and all injuries, accidents, mishaps or illness which may directly or indirectly result from any participation in the afterschool program offered by the said Club and activities associated with those programs as determined in the sole discretion of the Club.

Parent/Guardian's Signature

Agree to the waiver of liability by typing in your name

Photo Release Consent

- I attest that I am a parent or legal guardian of the child listed above. I hereby authorize the Boys & Girls Club of Saint John to publish the photographs taken of my child for use in the Boys & Girls Club of Saint John's promotional purposes. (Example: Website, Facebook page, Annual Report etc.)
- I release the Boys & Girls Club of Saint John from any expectation of confidentiality for the undersigned minor children and myself and attest that I have the authority to authorize the Boys & Girls of Saint John to use the photographs.
- I acknowledge that since participation in publications and websites produced by the Boys & Girls Club of Saint John is voluntary, neither the minor children nor I will receive financial compensation.
- I further agree that participation in any publication and website produced by the Boys & Girls Club of Saint John confers no rights of ownership whatsoever. I release the Boys and Girls Club of Saint John, its board of directors and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor children.

I agree

I disagree

Communication:

E-mail is our primary method of communication. Please provide an email address that will be checked on a regular basis for cancellations, program updates and important reminders.

Provide any email addresses you would like to have included in our email distribution list.

If you do not provide an email, you will need to regularly check our website or Facebook page for parent memos.