



Boys & Girls Clubs
of Saskatoon

2022-2023 MINI CLUB PROGRAM REGISTRATION FORM

School Attending: _____

Boys & Girls Clubs of Saskatoon is a non-profit organization dedicated to serving children and youth in Saskatoon & area. This program is designed to help families gain or maintain employment or attend educational classes. The families who would like to use this program will be selected according to the information provided on this form. We strive to provide this program to families who, without the program, would not be able to work or attend classes. In order to fulfill our funding requirements, we need families to fill out the following information (please note that the information is shared with our funders anonymously):

Parent/Guardian Name: _____

Child(ren) Name(s): _____

Current Employment:

- Employed Full Time Employed Part Time Actively Seeking Employment

Income:

- up to \$30,000 \$30,000-\$50,000 \$50,000 - \$75,000 \$75,000 +

Educational Classes (currently attending or applying for):

- Secondary Post-secondary G.E.D. E.A.L.

Name of Educational Institution: _____

Are you able to become employed or attend educational classes as a direct result of your child(ren) being able to attend the Mini Club Program? Yes No

Other information you would like to include regarding your family situation:

Declaration: By my signature, I declare that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

If you have any questions or concerns, please feel free to contact our office at 306-244-7820.



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➤ **USAGE INFORMATION:**

Mornings

4-5 times/week

2-3 times/week

less than 2 times/week

Afternoons

4-5 times/week

2-3 times/week

less than 2 times/week

- Has your child(ren) previously attended Boys & Girls Clubs of Saskatoon programs? Yes No
- Does/Do your child(ren) have siblings that have previously used or are currently attending programs with Boys & Girls Clubs of Saskatoon that are not on this form? Yes No

If yes, please enter sibling names: _____

➤ **PARTICIPANT INFORMATION:**

Child#1:

First Name _____ Last Name _____ Gender _____ Birthdate (mm/dd/yyyy) _____

Child #2:

First Name _____ Last Name _____ Gender _____ Birthdate (mm/dd/yyyy) _____

Child #3:

First Name _____ Last Name _____ Gender _____ Birthdate (mm/dd/yyyy) _____

➤ **PARENT/GUARDIAN INFORMATION:**

Parent/Guardian #1

Parent/Guardian #2

First Name _____ Last Name _____

First Name _____ Last Name _____

Relationship to Child(ren) Is this the child's primary residence? Y/N

Relationship to Child(ren) Is this the child's primary residence? Y/N

Street Address _____

Street Address _____

City/Town _____ Postal Code _____

City/Town _____ Postal Code _____

Cell Phone # _____ Work Phone # _____ Other Phone # _____

Cell Phone # _____ Work Phone # _____ Other Phone # _____

Email Address (Required) _____

Email Address _____

➤ **EMERGENCY CONTACTS:**

These will be the people who are allowed to pick up your child(ren) or who will be called if a Parent/Guardian cannot be reached in an emergency. **These contacts *MUST* be different than Parents/Guardians.**

I, _____ (parent/guardian) give permission to the following individuals to act as parent designates to pick up my child(ren) from Boys & Girls Clubs of Saskatoon (BGCS). I have informed these individuals that they must present government issued photo ID or that they must present a password each time they come to pick up my child(ren). I understand that in case of an emergency, I will be the first one called. However, I also give my permission to BGCS to contact the following individuals AFTER contact has failed with the parent designates listed on the front page of this registration form. ***Your child(ren) will only be allowed to leave the program with the individuals listed below and the parent designates listed on this form.***

You can remove or add people to this list at any time by filling out the Change of Information form (available at your program site or email your program location to request).

First & Last Name	Relationship to Child(ren)	Cell Phone #	Other #
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First & Last Name	Relationship to Child(ren)	Cell Phone #	Other #
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First & Last Name	Relationship to Child(ren)	Cell Phone #	Other #
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First & Last Name	Relationship to Child(ren)	Cell Phone #	Other #
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Please Note: **Everyone** picking up child(ren) will be asked for your **release password** or for government issued photo ID.

RELEASE PASSWORD: _____

➤ **CUSTODY & RELATED COURT ORDERS:**

Order Attached (complete section below)
Not Applicable (move to next page)

If a custody or court order exists, a copy of the order must to be given to Boys & Girls Clubs of Saskatoon. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child(ren). Without a custody or court order on file, Boys & Girls Clubs of Saskatoon cannot deny access to the non-enrolling parent. ***If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child(ren), Boys & Girls Clubs of Saskatoon cannot legally deny access without legal documentation (custody or court order) stating otherwise.***

Please list anyone who is NOT ALLOWED to pick up your child(ren):

Name & Relationship to Child(ren)

I have provided Boys & Girls Clubs of Saskatoon with legal documentation (custody &/or related court order).

_____ Parent/Guardian Signature	_____ Parent/Guardian Name (printed/typed)	_____ Date (mm/dd/yyyy)
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➤ **Medical Information:**

Child 1 Name: _____ Program Name/School: _____

Health Card #: _____ Family Doctor: _____ Phone Number: _____

Does your child have any of the following conditions?

ADD ADHD FAS Autism other: _____

Allergies: Seasonal _____ Food _____ Insects _____ Other _____

Does your child carry: Epi-pen Inhaler Other _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

Child 2 Name: _____ Program Name/School: _____

Health Card #: _____ Family Doctor: _____ Phone Number: _____

Does your child have any of the following conditions?

ADD ADHD FAS Autism other: _____

Allergies: Seasonal _____ Food _____ Insects _____ Other _____

Does your child carry: Epi-pen Inhaler Other _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

Child 3 Name: _____ Program Name/School: _____

Health Card #: _____ Family Doctor: _____ Phone Number: _____

Does your child have any of the following conditions?

ADD ADHD FAS Autism other: _____

Allergies: Seasonal _____ Food _____ Insects _____ Other _____

Does your child carry: Epi-pen Inhaler Other _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

➤ **PARTICIPANT'S WAIVER OF LIABILITY (REQUIRED) & MEDIA RELEASE (OPTIONAL)**

Boys & Girls Clubs of Saskatoon takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child(ren). The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, Boys & Girls Clubs of Saskatoon, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in Boys & Girls Clubs of Saskatoon programs, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child(ren) with any necessary safety equipment such as proper shoes, clothing etc.

ACKNOWLEDGEMENT: I, _____ (Parent/Guardian) of _____ (child(ren)) consent to have my child(ren) receive services from Boys & Girls Clubs of Saskatoon (BGCS) and am registering my child(ren) voluntarily. The consent will remain in effect for the duration of the time my child is enrolled in BGCS program(s). I understand and agree to receive the program services delivered as part of the BGCS program(s) that I have registered my child(ren) in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities. **ACKNOWLEDGEMENT** The above named child(ren) has my permission to participate in program activities as planned by the Boys & Girls Clubs of Saskatoon program that I have registered my child(ren) in. I waive my legal rights against Boys & Girls Clubs of Saskatoon for any loss, injury or damage suffered during or by reason of participating in all events, programs and activities scheduled while my child(ren) is in the program. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

Parent/Guardian Name

Parent/Guardian Signature

Date (mm/dd/yyyy)

➤ **MEDIA RELEASE (Select one option)**

I, _____ (Parent/Guardian) give permission for my child(ren) to appear in photographs, video and/or audio that may be used in the promotional materials of Boys & Girls Clubs of Saskatoon. My child(ren)'s image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Boys & Girls Clubs of Saskatoon, Boys & Girls Clubs of Canada and/or external partners. No names will ever be used in association with a child's image without written permission of the parent/guardian.

By my signature as parent/guardian for _____ (child(ren)) I give permission to Boys & Girls Clubs of Saskatoon to use any image taken during a Boys & Girls Clubs of Saskatoon program for any of the purposes as described above.

Parent Name

Parent Signature

Date (mm/dd/yyyy)

I do not give permission for my child(ren) to appear in photographs, video and/or audio as described above.

The Boys & Girls Clubs of Saskatoon Participants Waiver of Liability and Media Consent is in effect for the duration of the the BGCS program you have registered for.

➤ **DEMOGRAPHIC INFORMATION** The following information is collected and used solely, on an anonymous basis, for granting and organizational purposes only:

Child(ren)'s Name(s): _____ **Grade(s):** _____

Program Name & Location/School: _____

Ethnicity: Metis First Nations Other: _____
Prefer not to disclose

New to Canada: Date Arrived (have lived in Canada for less than 5 years): _____
Not Applicable mm/dd/yyyy

Primary Language(s) Spoken: _____

Secondary Language(s) Spoken: _____

Does your Child(ren) attend French Immersion School? yes no

Military Family: yes no

Family Setting (Primary Residence):

Two Parent/Guardian Household (please select from below):

Mother/Father	Mother/Stepfather
Mother/Mother	Father/Stepmother
Father/Father	Other:
	Relationship to Child(ren)

One Parent/Guardian Household (please select from below):

Mother	Other:
Father	Relationship to Child(ren)

Family Income: up to \$30,000.00 \$30,000.00 to \$50,000.00
\$50,000.00 to \$75,000.00 over \$75,000.00

<p><u>Office use only:</u></p> <p>Administration: <input type="checkbox"/></p> <p>SV: <input type="checkbox"/></p> <p>MC: <input type="checkbox"/></p> <p>Subsidy: <input type="checkbox"/></p> <p>ME: <input type="checkbox"/></p>

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, all levels of government and health agencies recommend physical distancing and limitations on group size.

Boys & Girls Clubs of Saskatoon (BGCS) has put in place procedures to adhere to the government guidelines, as listed on the Government of Saskatchewan website www.saskatchewan.ca/COVID19, the Saskatoon Public School Division, Greater Saskatoon Catholic Schools and Prairie Spirit School Division to reduce the spread of COVID-19. BGCS cannot guarantee that you or your child(ren) will not become infected with COVID-19. All program guidelines are subject to change with no notice upon government recommendations and requirements. Attending BGCS programs could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending BGCS programs and that exposure or infection may result in injury, illness, health complications or death. I understand that the risk of becoming exposed to or infected by COVID-19 at BGCS programs may result from the actions or omissions of myself and others, including, but not limited to, BGCS employees and program participants, and their families. By my signature, I confirm that I have read and understand the COVID-19 Program Procedures as posted on the BGCS website and/or received by email.

I voluntarily agree to assume all risks and accept sole responsibility for any issues or complications my child(ren) or myself may experience or incur in connection with my child(ren)'s attendance and participation in BGCS programming. On my behalf, and on behalf of my children, I hereby release and hold harmless Boys & Girls Clubs of Saskatoon, its employees, the program facility and all representatives from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, or omissions of BGCS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any BGCS program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Child(ren)