



Boys & Girls Clubs  
of Calgary

Club: _____
Date: _____

# MEMBERSHIP FORM

PLEASE PRINT CLEARLY

## PARTICIPANT INFORMATION

First Name:	Last Name:	Middle Name:
Address:		Postal Code:
Home Phone #:		Cell Phone #:
D.O.B. (mm/dd/yyyy):	Gender: Please note: <i>Boys and Girls Clubs of Calgary recognize that gender is not necessarily binary (only made up of two options). We as an organization recognize and accommodate all gender identifications. We are always available to discuss further if you wish.</i>	
School Name:		Grade:
Child Welfare Status (if applicable):	Case Worker Name and Phone Number (if applicable):	

## PARENT/GUARDIAN INFORMATION

Child Resides With: Mother [ ]      Father [ ]      Both Parents [ ]      Guardian [ ] Foster Parent(s) [ ]      Grandparents [ ]      Aunt/Uncle [ ]      Other [ ]: _____			
<b>(Please Circle) Mother / Father / Guardian Name:</b>		<b>(Please Circle) Mother / Father / Guardian Name:</b>	
Full Address (include postal code)		Full Address (include postal code)	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Work Phone #		Work Phone #	

## EMERGENCY CONTACT (Other than parent/guardian)

First Name	Last Name
Relationship To Child/Youth	Phone #

*\*(optional) – Secondary Emergency Contact*

First Name	Last Name
Relationship To Child/Youth	Phone #

## ADDITIONAL INFORMATION

What community do you live in?	Number of people living in the family residence:												
<p>Family/parent status:</p> <p style="margin-left: 40px;">                 Two-parent family [ <input type="checkbox"/> ]      Single Parent: Mother [ <input type="checkbox"/> ]      Father [ <input type="checkbox"/> ]                  Guardianship [ <input type="checkbox"/> ]      Widowed [ <input type="checkbox"/> ]      Joint Custody/Split Parents [ <input type="checkbox"/> ]                  Father/Father [ <input type="checkbox"/> ]      Mother/Mother [ <input type="checkbox"/> ]      Blended [ <input type="checkbox"/> ]             </p>													
<p>Please indicate any of the following that apply to you or your child:</p> <p>Disability [ <input type="checkbox"/> ]      ESL [ <input type="checkbox"/> ]      Immigrant [ <input type="checkbox"/> ]      Refugee [ <input type="checkbox"/> ]      Military [ <input type="checkbox"/> ]      Aboriginal [ <input type="checkbox"/> ]</p>													
<p>What is your population group? (i.e. African, Chinese, Filipino, Japanese-Canadian, etc) :</p> <p>_____</p>													
<p>What languages are spoken in your home:</p> <p>Primary Language: _____</p> <p>Secondary Language: _____</p> <p>Any Others: _____</p>													
<p>Combined Family Income (before tax) :</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">\$0 to \$23,000 [ <input type="checkbox"/> ]</td> <td style="width: 33%;">\$38,001 to \$43,000 [ <input type="checkbox"/> ]</td> <td style="width: 33%;">\$58,001 to 63,000 [ <input type="checkbox"/> ]</td> </tr> <tr> <td>\$23,001 to \$28,000 [ <input type="checkbox"/> ]</td> <td>\$43,001 to \$48,000 [ <input type="checkbox"/> ]</td> <td>\$63,001 to 68,000 [ <input type="checkbox"/> ]</td> </tr> <tr> <td>\$28,001 to \$33,000 [ <input type="checkbox"/> ]</td> <td>\$48,001 to \$53,000 [ <input type="checkbox"/> ]</td> <td>\$68,001 to \$73,000 [ <input type="checkbox"/> ]</td> </tr> <tr> <td>\$33,001 to \$38,000 [ <input type="checkbox"/> ]</td> <td>\$53,001 to \$58,000 [ <input type="checkbox"/> ]</td> <td>Over \$73,000 [ <input type="checkbox"/> ]</td> </tr> </table>		\$0 to \$23,000 [ <input type="checkbox"/> ]	\$38,001 to \$43,000 [ <input type="checkbox"/> ]	\$58,001 to 63,000 [ <input type="checkbox"/> ]	\$23,001 to \$28,000 [ <input type="checkbox"/> ]	\$43,001 to \$48,000 [ <input type="checkbox"/> ]	\$63,001 to 68,000 [ <input type="checkbox"/> ]	\$28,001 to \$33,000 [ <input type="checkbox"/> ]	\$48,001 to \$53,000 [ <input type="checkbox"/> ]	\$68,001 to \$73,000 [ <input type="checkbox"/> ]	\$33,001 to \$38,000 [ <input type="checkbox"/> ]	\$53,001 to \$58,000 [ <input type="checkbox"/> ]	Over \$73,000 [ <input type="checkbox"/> ]
\$0 to \$23,000 [ <input type="checkbox"/> ]	\$38,001 to \$43,000 [ <input type="checkbox"/> ]	\$58,001 to 63,000 [ <input type="checkbox"/> ]											
\$23,001 to \$28,000 [ <input type="checkbox"/> ]	\$43,001 to \$48,000 [ <input type="checkbox"/> ]	\$63,001 to 68,000 [ <input type="checkbox"/> ]											
\$28,001 to \$33,000 [ <input type="checkbox"/> ]	\$48,001 to \$53,000 [ <input type="checkbox"/> ]	\$68,001 to \$73,000 [ <input type="checkbox"/> ]											
\$33,001 to \$38,000 [ <input type="checkbox"/> ]	\$53,001 to \$58,000 [ <input type="checkbox"/> ]	Over \$73,000 [ <input type="checkbox"/> ]											
<p><b><i>Please note this information helps us ensure our programs and services remain accessible.</i></b></p>													

**Email Address(es):** \_\_\_\_\_

*Your email address will be used to send you updates, opportunities and information about programming within Boys and Girls Clubs of Calgary*

### **PARTICIPANT'S MEDICAL INFORMATION**

Health Care Card #

Physician's Name

Physician's Phone #

Please identify any allergies or food restrictions your child may have:

Please identify any medical information or special needs your child/youth may have including physical, emotional, and/or behavioural concerns:

List all medications your child/youth is presently taking.

Are Child/Youth's Immunizations Up To Date?

Yes [ ]

No [ ]

Please initial the following statements, giving your consent:

\_\_\_\_\_ In the event of injury or illness of my child, BGCC staff will administer First Aid. In the event of an emergency where medical assistance is required, BGCC staff will follow their Emergency Manual ensuring the safety and care of my child as necessary, including but not limited to administering First Aid and calling 911. In the event that an ambulance is called, I will be directly responsible for any charges or fees that apply.



### CONSENT FOR SERVICES

I \_\_\_\_\_ (parent name) agree to have my child participate in program services through the Boys and Girls Clubs of Calgary's \_\_\_\_\_ (program name). I give my consent for services from the agency voluntarily and without coercion or undue influence.

Those services may include all or some of the following:

- Education and Employment
- Housing
- Supportive relationships
- Life Skills
- A Sense of Identity
- Engagement in community
- Emotional healing
- Physical and Mental Health
- Harm reduction
- Accessing Resources
- Recreation and Experiential programming

Boys and Girls Clubs of Calgary will inform and support you through any personal connections or conflicts of interest or other information that would affect the relationship and decision-making between the staff and the youth

Safety is our number one priority. We strive to make this a safe place for you. We ask that you do the same.

Signatures	Date
Parent/Guardian: _____	_____
BGCC Program Representative: _____	_____



### AFTER PROGRAMMING WALK HOME PRIVILEGES

Do you give permission for your child to walk home unsupervised after program? Please note if your child leaves during the program without permission, they will be considered AWOL/missing and reported to the necessary guardians/professionals.

Programs between 3-6pm                      Yes [ ]                      No [ ]

Programs between 6-9pm                      Yes [ ]                      No [ ]

### Contacts authorized to pick up child/ren (If different from emergency contacts)

First Name	Last Name
Relationship To Child/Youth	Phone #

#### *\*(optional) – Secondary Contact Authorized for Pick-Up*

First Name	Last Name
Relationship To Child/Youth	Phone #

### PROGRAM EVALUATION

Please review and initial beside the following:

<p>My child/youth may participate in surveys for program evaluation. <i>(Please note your child's name and information will be kept confidential)</i></p> <p>Yes [ ]    No [ ]</p>	<p>Initials _____</p>
--	-----------------------



## **PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE OF PERSONAL AND MEDICAL INFORMATION AND RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK**

Our goal is to provide a safe experience for all participants registered in programs offered by the Boys and Girls Clubs of Calgary. Our programs however, may include elements of risk and you, and/or you as the parent(s) or legal guardian(s) of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk (collectively hereinafter referred to as the "**Waiver**"), before or at the time of enrollment in any Boys and Girls Clubs of Calgary program. ***We believe in the informed consent of the participant(s) and/or legal guardian(s) of the participant(s) to the inherent, identifiable and unforeseen risks that may occur during our programs.***

By enrolling in a Boys and Girls Clubs of Calgary program you, and/or you as the parent(s) or legal guardian(s) of participants are deemed to have accepted the Risks of this program.

In consideration of my, and/or my child(ren) or charge(s)' participation in this program, I agree and acknowledge that:

1. I and/or my child(ren) or charge(s) have met all of the prerequisites required for participation in a program offered by Boys and Girls Clubs of Calgary.
2. I agree to irrevocably release, waive, indemnify, and forever discharge Boys and Girls Clubs of Calgary, its employees, directors, officers, agents, instructors, volunteers, counselors and camp leaders (collectively hereinafter referred to as "**BGCC**") from any and all actions, causes of action, damages, lawsuits, claims, demands, costs, and expenses, and any other liability of any kind whatsoever, whether in law or in equity (collectively hereinafter referred to as the "**Claims**") arising or to arise, directly or indirectly, by reason of my and/or my child(ren)'s or charge(s)' participation in, or as a result of traveling to and from, a program, and notwithstanding that any such Claim may have been contributed to or occasioned by the negligence of BGCC.
3. I agree to irrevocably release, waive, indemnify, and forever discharge BGCC from any and all Claims which hereinafter may be brought or made against BGCC arising or to arise, directly or indirectly, by reason of my and/or my child(ren)'s or charge(s)' participation in, or as a result of traveling to and from, a program by reason of loss or damage to any and all property and any and all personal injuries, including death of others or myself.
4. I agree that by signing this Waiver, for myself or as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are Risks in the program to which I am willing to expose myself and/or my child(ren) or charge(s) and that I will pay for any costs incurred by BGCC, including solicitor and own-client costs, should a suit be launched on my or my child's or charge's behalf, notwithstanding that any such suit may have as its cause of action the negligence of BGCC.
5. BGCC, may collect, use, retain and disclose my and/or my child(ren) and/or charge(s)' personal information according to the Privacy Statement and Consent at the end of this document. The retention period for this personal information is seven (7) years from the date of its collection. In the event that I have and/or my child(ren) and/or charge(s) have active status with Child and Family Services the retention period for this personal information is ninety-nine (99) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed.
6. BGCC may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child(ren)'s or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceed coverage by Alberta Health Care. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises as soon as is reasonably possible.
7. Inherent, identifiable and unforeseen risks or dangers in the programs at the Boys and Girls Clubs of Calgary include, but are not limited to, loss and/or damage to physical property. Injuries may occur when you and/or your child(ren) or charge(s) participates in activities such as sports or cooking programs, life skills activities, outdoor activities on land, snow or water, or other program activities. There are also risks that occur due to inclement weather or during travel to and from a program

outing.

8. I acknowledge that I have read this agreement in its entirety, that I understand and agree to be bound by its terms, and that I am signing it voluntarily, without duress or undue influence from anyone.

I give my informed consent to the terms and conditions of this document.

Participant(s) Full Name:
Parent/Legal Guardian Full Name (Print):
Signature of Participant:
Signature of Parent/Legal Guardian:
Witness* Signature
Witness (print)
Dated at Calgary, Alberta: _____ / _____ / _____ Year                      Month                      Day

*This information is protected under the provisions of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and of the Personal Information Protection Act, SA 2003 c. p-6.5.*

*You may contact our Privacy/FOIPP Officer at 403-276-9981 for information about the collection, use, retention and disclosure of personal information. You have the right to access your personal information on file with us.*

\*A witness must be someone other than the signing parent or the enrolled participant.

## Media Consent Form for BGCC Children and Youth

The signature below indicates my permission for Boys and Girls Clubs of Calgary (BGCC) to use audio taping, videotaping, photography, and/or filming of my child/youth with or without their name. I further consent to the use of their visual image indefinitely in its original format and any other format or formats in which it may be converted.

I understand that portions of the work will become part of the media organization's or BGCC's database and may be adapted for other BGCC or non BGCC related applications, productions, broadcast, re-broadcast, published, exhibited, reproduced, and/or distributed in various media formats to a number of markets. Once photographs, name, and other identifying personal information are released in any public forum, BGCC cannot control or prevent the further distribution or use of the material by those who access the information.

BGCC cooperates with the media and other organizations, within reason, to encourage celebration, recognition and awareness of BGCC, children, youth, and family achievements and challenges. However, we recognize that there are instances where parents may not wish their child to be recorded. Parents are under no obligation to consent; it is their voluntary decision to do so.

This form must be returned to the BGCC Communications before the child/youth begins participation in this media related activity. If you do not return this form, this indicates a refusal to consent. You reserve the right to withdraw your permission at any time. If you wish to withdraw your permission, you must make such a request in writing to [info@bgcc.ab.ca](mailto:info@bgcc.ab.ca).

### Consent for Release – Parent/Legal Guardian or Independent Student/Adult

I am the parent/legal guardian of the child/youth named below, and I have read and understand the information provided on this form. **Please initial:** \_\_\_\_\_

### Please select one of the following options:

**YES, I consent.** I give BGCC permission to include my child/youth in the media coverage and its subsequent use.

**NO, I decline.** I decline to give BGCC permission to include my child/youth in the media coverage and its subsequent use.

\_\_\_\_\_  
Name of child or youth (please print)

\_\_\_\_\_  
Name of child or youth (please print)

\_\_\_\_\_  
Club/Program

\_\_\_\_\_  
Club/Program

\_\_\_\_\_  
Name of parent or legal guardian (please print)

\_\_\_\_\_  
Name of parent or legal guardian (please print)

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This personal information collected on this form is being collected under the provisions of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act and of the Personal Information Protection Act, SA 2003 c. p-6.5. Submission of this form indicates your consent to the collection, use and disclosure of personal information by Boys and Girls Clubs of Calgary, Calgary, Alberta. For information about Boys and Girls Club's Privacy Policy contact our Privacy/FOIPP Officer at 403-276-9981.



## Privacy Statement and Consent

Your privacy is important to us.

The personal information on this form may be collected, used or disclosed by the Boys and Girls Club of Calgary for the purposes of ensuring the following: the health and safety of your child, appropriate notification for you and care for your child in emergency situations, safe arrival and departure for your child from our program(s), and managing our relationship with you and your child in the best way possible. In addition, we may use or disclose this information to do the following: access program(s) or individual sponsorship and donation opportunities, inform you or your child of our programs and services, maintain updated membership lists, compile anonymous statistics for various reports (annual, funder, program, agency, membership-Boys and Girls Clubs of Canada etc.), tell success stories about our members and programs, comply with our various legal obligations and/or for any other reasonable purpose. Moreover, the disclosure of any personal information to program staff that work with your child may be disclosed by that staff person to the Boys and Girls Club of Calgary for the purposes of guidance, consultation, debriefing, referrals or access to supports, or for the purpose of planning consistent approaches and routines for your child.

All personal information collected on this form is under the provisions of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of the Act, and of the Personal Information Protection Act, SA 2003 c. p. 6-5.

If you have any questions, please contact the Privacy/FOIPP Officer at 403-276-9981.

I consent to the collection, use and disclosure of my/my child's personal information as described above.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

## PERMISSION TO TRANSPORT CLIENTS

Children and youth may be transported in either agency vehicles or staff personal vehicles for the purpose of programming or to enhance their connection to services and resources in the community. Any programming to take place outside of the city will require an additional permission from Parent/Guardian or Caseworker.

I give consent for my child/youth to be transported in agency and staff personal vehicles.

Signatures	Date
Parent/Guardian: _____	_____
Caseworker: _____	_____



## GRIEVANCE PROCEDURES

All children/youth being served by the Boys and Girls Clubs of Calgary are encouraged to express to a third party any concern or disagreement they have in regards to treatment by any of the program staff. In their role as advocate, program staff will act promptly to ensure that children/youths are assisted through the process to expedite resolution of the situation.

The procedure for voicing your concerns through a grievance is as follows:

1. You can take your grievance to Community Club Program Leaders. Your Program Leader will act promptly when he/she receives any complaint. All grievances will receive a response within 24 hours.
2. If you are not able to resolve the grievance with Program Leader you can then take your grievance to the Community Club Program Coordinator. A meeting will be arranged within (1) working day of the request.
3. If you are not able to resolve the grievance with the Coordinator's involvement, the grievance will be brought to the Community Club Program Manager and Agency administrators to be reviewed. The grievance must be in written form at this point and the staff has the responsibility to assist you in writing the grievance and assuring you that the grievance has been taken to administration.
4. The agency administrators will respond in writing within ten (10) working days of when they receive it. If you are not satisfied with the response, you can take your grievance to the Community Club Director. If you are still unsatisfied with the response, you may take your grievance further to the Senior Director of Services/CEO of Boys and Girls Clubs of Calgary. A copy of your grievance, the agency's response, and any action taken will be included in your program file. Program Staff will be informed in writing of your grievance.

Upon registration you will receive a list of contact information for Program Leaders, Club Coordinator and Manager relevant to your Community Club.

Director of Community Clubs and Experiential Learning: Dylan Oosterveld

Phone: 403-520-1519

Senior Director of Services: Katie Davies

Phone: 403-276-9981

Chief Executive Officer: Cheryl Doherty

Phone: 403-276-9981

At any stage during the grievance process the youth and/or his/her guardian has a right to request to have a third party review of the grievance. If the youth is not satisfied with the outcome, he/she can appeal it.

I have read, and understand the grievance procedure, I have received a copy.

Signatures	Date
Parent: _____	_____
BGCC Program Representative: _____	_____



### CONFIRMATION OF RIGHTS

- I, \_\_\_\_\_, (child being served)  
and/or
- I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_  
and/or \_\_\_\_\_ (child)
- I, \_\_\_\_\_, the Caseworker for: \_\_\_\_\_  
\_\_\_\_\_ (child)

confirm we have been informed of the following rights:

- \_\_\_\_\_ I would like information about Aboriginal Cultural Resources.  
 Yes, I would like information     No; I would not like information
- \_\_\_\_\_ I would like information about Cultural Resources.  
 Yes, I would like information     No; I would not like information
- \_\_\_\_\_ I would like information about LGBTQ2S+ Resources.  
 Yes, I would like information     No; I would not like information
- \_\_\_\_\_ I have the right to lodge a grievance on behalf of my child and have been informed of the grievance procedure and understand what I need to do if I have concerns and/or issues.
- \_\_\_\_\_ My Child has the right to spiritual observances.
- \_\_\_\_\_ I have the right to review my child's Consent to Release Information.
- \_\_\_\_\_ At any point during your time with us you have the right to review any information that is in your file. If you would like to do so, please put your request in writing to the Program Coordinator.
- \_\_\_\_\_ I have the right to consent to my child's file being reviewed during accreditation.  
 Yes, my file can be reviewed    OR     No, my file cannot be reviewed
- \_\_\_\_\_ I have the right to consent to my child being interviewed during accreditation.  
 Yes, I can be interviewed    OR     No, I cannot to be interviewed
- \_\_\_\_\_ I acknowledge that in all cases that require consent my consent is given voluntarily, without coercion or undue influence and have been fully informed of all aspects of service delivery including, program goals, procedures, treatments, trainings or other intervention methods.
- \_\_\_\_\_ I understand that at any time I have the right to withhold, give and revoke consent on behalf of my child. This process will be reviewed with me every time I renew my membership or register for a program.

Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ OR the condition under which authorization expires

<b>Acknowledgement of receiving information about Aboriginal, Cultural and/or LGBTQ2S+ resources</b>	
Aboriginal Resource Information Given: _____	Date: _____
Cultural Resource Information Given: _____	Date: _____
LGBTQ2S+ Resource Information Given: _____	Date: _____

<b>Signatures</b>	<b>Date</b>
Parent: _____	_____
BGCC Program Representative: _____	_____

<sup>1</sup> When the youth's consent is required, this refers to youth 12 years of age and older. For younger children, youth who refuse to consent, or any individual who does not have the capacity to consent, the guardian's consent must be obtained unless there is a custody agreement with the youth.



Boys & Girls Clubs  
of Calgary

**\*\*FOR STAFF USE ONLY\*\***  
**PAYMENT TRACKING**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Total Membership Cost:** \_\_\_\_\_

\*Was family subsidized?

- NO
- YES

o If YES –subsidy percentage they qualified for: \_\_\_\_\_%

**Total Subsidized Cost:** \_\_\_\_\_

**PAID:** \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Total Still Owing: \$** \_\_\_\_\_

AMOUNT	DATE DUE	RECEIVED?	Payment/Receipt Number	STAFF INITIALS

**PAYMENT FOR THIS SERVICE SHOULD BE FINALIZED BY:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y