



2015/16 Personal Information Form

Member Yes No

If Member, payment method: _____

MEMBER INFORMATION			
Child's Last Name	First Name	Gender	OHIP Number
Address - Street no. - Apt	City	Postal Code	
Home Phone	Child's Cell Phone	Child's Email Address	
Date of Birth (MMM/DD/YYYY)	Age	Grade	Child's School
FAMILY INFORMATION			
CHILD RESIDES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Mother/Guardian (last, first)		Father/Guardian (last, first)	
Address (if different) <input type="checkbox"/> same as child		Address (if different) <input type="checkbox"/> same as child	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Email	Work Phone	Email
EMERGENCY CONTACT (other than parent/guardian)			
Last Name	First Name	Relationship to child	
Home Phone	Cell Phone	Work Phone	
CHILD PICK-UP AND IN/OUT PRIVILEGES - (ID must be presented upon request)			
<p>Members aged 4 to 12 will not have in/out privileges at the Club. In order for them to leave the premises a parent/guardian or someone (aged 14 years or older) authorized by the parent/guardian must pick them up. Please identify individuals who may pick up your child, including older siblings (14+).</p> <p>Members aged 13 years or older will be allowed to leave the Club on their own provided that the parent/guardian has indicated below that the child has permission to do so. If safety is a concern, the BGCP has the right to ask a parent to pickup the child. I give permission for my child to have in/out privileges at the Club, which includes walking home on their own. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
Name	Address	Home Phone	Cell Phone

ADDITIONAL INFORMATION

Does your child require additional support in any of the following areas? If yes, please explain further and list any diagnosis when applicable.

	Area	Details
<input type="checkbox"/>	Physical	
<input type="checkbox"/>	Learning	
<input type="checkbox"/>	Behavioural	

<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Attention Deficit Hyperactivity	<input type="checkbox"/> Severe Allergies
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Oppositional Defiance Disorder
<input type="checkbox"/> Pervasive Development Disorder	<input type="checkbox"/> Sensory Integration Dysfunction	<input type="checkbox"/> Other

Comments:

DOES YOUR CHILD HAVE ANY ALLERGIES? NO YES - please explain in the chart below

Allergen	How Severe? (physical contact, ingested, inhaled)	Epipen location (N/A if not needed)

FUNDING

The Boys and Girls Club of Pembroke is fortunate to provide barrier-free programming due to our funders. Can you please assist us in obtaining additional information about the children we serve? Do you consider your child to be included in any of the following groups? (check all that apply) I prefer not to answer

<input type="checkbox"/> Immigrant/New Canadian	<input type="checkbox"/> Rural Resident	<input type="checkbox"/> Member of Visible Minority
<input type="checkbox"/> Francophone	<input type="checkbox"/> First Nations, Metis and/or Inuit	<input type="checkbox"/> Person with a Disability
<input type="checkbox"/> Military Family	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Not a member of these groups

PARENTAL AUTHORIZATION

Permission	YES	NO	Initial
My child may participate in surveys for program evaluation	<input type="checkbox"/>	<input type="checkbox"/>	
My child may appear in photographs (printed material) used for reporting, publicity purposes and/or promotion of the Boys and Girls Club of Pembroke. (Please note, we are not responsible if a third party puts this publication on a social media device)	<input type="checkbox"/>	<input type="checkbox"/>	
My child may appear in photographs/videos (internet/media) used for reporting, publicity purposes and/or promotion of the Boys and Girls Club of Pembroke.	<input type="checkbox"/>	<input type="checkbox"/>	
The Boys and Girls Club of Pembroke staff and/or volunteers may assist my child in the application of sunscreen and/or bug spray if needed	<input type="checkbox"/>	<input type="checkbox"/>	
My child may participate in daily outings and/or walks with the Boys and Girls Club of Pembroke	<input type="checkbox"/>	<input type="checkbox"/>	
My child may be transported by bus, taxi and/or staff vehicle during programs with the Boys and Girls Club of Pembroke	<input type="checkbox"/>	<input type="checkbox"/>	

In consideration of the Boys and Girls Club of Pembroke accepting the undersigned minor as a member and permitting him/her to enjoy the facilities of the Club in any manner whatsoever, we and each of use for ourselves, our heirs, executors, administrators or assigns, waive and release each and every right or claim for damages we may have against the Boys and Girls Club of Pembroke, it's agents, servants, represents or assigns for any and all injuries, accidents or mishaps however occasioned.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____