



Okanagan Boys & Girls Clubs

CHILD MEMBER INFORMATION FORM

Club Name: _____

Sharevision Form

Initial Program Registered**: _____

***If you have participated in other Okanagan Boys and Girls Club programs, please check with the Club before filling out this form.*

Start Date: _____

Confidentiality:

Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member Information:

Last Name: _____		First Name: _____		Middle Name: _____	
Preferred Names: _____			Date of Birth (month/day/year): ____ / ____ / ____		
Height: _____	Weight (lbs): _____	Hair Colour: _____	Eye Colour: _____		
Allergies? _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Photo or Digital Image? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Contacts (Please ensure that at least one emergency contact is not a parent or legal guardian):

1st Contact Parent or Legal Guardian

Last Name: _____ **First Name:** _____

Email Address: _____

Home Phone#: _____ **Please check best number to reach the person:**

Work Phone #: _____ Home Phone

Mobile Phone #: _____ Work Phone

Mobile Phone

Mailing Address: _____

City: _____ **Province/** _____ **Postal Code:** _____

Relationship to member: *(Please check all that apply)*

<input type="checkbox"/> Head of Household	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Family
<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Guardian	<input type="checkbox"/> Friend
<input type="checkbox"/> Authorized Pickup	<input type="checkbox"/> Sibling	<input type="checkbox"/> Family Friend
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Step-sibling	<input type="checkbox"/> Boy / Girl Friend
<input type="checkbox"/> Lives With	<input type="checkbox"/> Spouse	<input type="checkbox"/> Physician
<input type="checkbox"/> Father	<input type="checkbox"/> Partner (common-law)	<input type="checkbox"/> Medical/Clinical Professional
<input type="checkbox"/> Mother	<input type="checkbox"/> Child	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Step-parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Case Manager / Worker



Contacts:

2nd Contact Parent or Legal Guardian:

Last Name: _____ First Name: _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach the person:

- Home Phone
- Work Phone
- Mobile Phone

Mailing Address: _____

City: _____ Province/ _____ Postal Code: _____

Relationship to member:
(Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other Family |
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Guardian | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Sibling | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Step-sibling | <input type="checkbox"/> Boy / Girl Friend |
| <input type="checkbox"/> Lives With | <input type="checkbox"/> Spouse | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Father | <input type="checkbox"/> Partner (common-law) | <input type="checkbox"/> Medical/Clinical Professional |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Child | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Step-parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager / Worker |

1st Emergency Contact (Please ensure that at least one emergency contact is not a parent or legal guardian):

Last Name: _____ First Name: _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach the person:

- Home Phone
- Work Phone
- Mobile Phone

Mailing Address: _____

City: _____ Province/ _____ Postal Code: _____

Relationship to member:
(In addition to checking Emergency Contact, please check all others that apply (eg. Authorized Pickup)

- | | | |
|--|---|--|
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other Family |
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Guardian | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Sibling | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Step-sibling | <input type="checkbox"/> Boy / Girl Friend |
| <input type="checkbox"/> Lives With | <input type="checkbox"/> Spouse | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Father | <input type="checkbox"/> Partner (common-law) | <input type="checkbox"/> Medical/Clinical Professional |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Child | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Step-parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager / Worker |



2nd Emergency Contact (Please ensure that at least one emergency contact is not a parent or legal guardian):

Last Name: _____ First Name: _____

Email Address: _____

Home Phone#: _____

Work Phone #: _____

Mobile Phone #: _____

Please check best number to reach the person:

- Home Phone
- Work Phone
- Mobile Phone

Mailing Address: _____

City: _____ Province/ _____ Postal Code: _____

- Relationship to member: *(In addition to checking Emergency Contact, please check all others that apply (eg. Authorized Pickup))*
- | | | |
|--|---|--|
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other Family |
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Guardian | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Sibling | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Step-sibling | <input type="checkbox"/> Boy / Girl Friend |
| <input type="checkbox"/> Lives With | <input type="checkbox"/> Spouse | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Father | <input type="checkbox"/> Partner (common-law) | <input type="checkbox"/> Medical/Clinical Professional |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Child | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Step-parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager / Worker |

Physician Information:

Physician's Name: _____ Clinic: _____

- Other Involved Professional—Please check all that apply:
- | | |
|--|--|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> School Professional |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Counsellor |

Physician's Email: _____

Physician's Phone #: _____

Other Instructions:

Do you give the Okanagan Boys and Girls Clubs consent to communicate with these professionals if needed? Yes No

Primary Language Spoken: _____ Other Languages Spoken: _____

Ethnic Origin: _____ Indigenous People (Please note ancestry): _____

Indigenous People—Please provide information on names / bands / nations and location / province: _____

Date Arrived in Canada (month/day/year) Only answer if you are a New Canadian: _____

Refu- Yes No Military Fami- Yes No

- Combined Family Income:
- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> \$ 0.00 to \$5,000 | <input type="checkbox"/> \$25,000 to \$50,000 | <input type="checkbox"/> \$75,000 to \$100,000 | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> \$5,000 to \$25,000 | <input type="checkbox"/> \$50,000 to \$75,000 | <input type="checkbox"/> \$100,001 and up | |



Office Use Only— Membership Fee Yes No

Do you require transportation? Yes No

School Information:

Name of School (or last school attended if member is no longer in school) _____

Teacher's Name _____ Grade _____

Recent overall school average % _____ Desired school average % _____

Health Care Card # (MANDATORY):

Other ID Number:

Child Lives With:

- Both Parents
- Mother Only
- Father Only
- Mother and Stepparent
- Father and Stepparent
- Foster Parent
- Grandparents
- Guardians
- Other _____

Is there a custody order involved? Yes No If yes, a custody order **MUST** be attached.

Are there any health and special considerations that we should be aware of, including behavioural concerns, emotional, ADD/ADHD, Seizures, asthma, vegetarian, etc): Yes No

If Yes, please explain (Care Plan Required):

Are there any physical limitations that we should be aware of? Yes No

If Yes, please explain (Care Plan Required):

Does the member have a condition that has been diagnosed by a medical professional? Yes No

If Yes, please list the medically diagnosed condition (Care Plan Required):

Swimming Ability:

- Strong Swimmer
- Capable Swimmer
- Weak Swimmer
- Non Swimmer

Comments:

Please note any pertinent health or medical information, including any major surgeries, significant/recurring injuries, lack of immunizations or other relevant information:

Are all immunizations up to date? Yes No

If No, is a "Conscientious Objector Form" (photocopy) attached? Yes No

Authorization, Consents, and Waivers *(Please sign or initial in each applicable area)*

Video, Photographs and Social Media _____

There may be times when television, newspapers, or other photographers will want to take individual or group pictures of our members taking part in activities. This would most often be done to promote Boys and Girls Clubs and our programs through but not limited to print material, media and social media. Should you not want your child to be involved in such coverage please address this in writing to the Program Coordinator or Program Supervisor.

Parent/guardian/member authorizes member to participate in surveys for program evaluation. _____

Medical Emergency _____

In case of accident or illness, I authorize the caregiver to administer first aid and/or to be taken to the nearest emergency centre by the Boys and Girls Club Staff when I cannot be contacted. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.

Parent/guardian gives consent for member to take part in out-trips. _____

Parent/guardian gives permission for member to have in/out privileges, including walking home alone. _____
(Applicable to Recreation Programs Only—Please note that an additional letter may be requested)

Impairment _____

Should it appear to staff that a parent/caregiver is impaired the staff will offer to call a relative or friend to pick up the parent/caregiver and child. If this is not acceptable they will offer to call a cab. Should the parent / caregiver insist on driving the staff will call the RCMP. A call will also be made to the Ministry for Children & Families to inform them of the risk to the child.

Suspected Child Abuse _____

The Child, Family and Community Service Act states that all children in the Province of B.C. "are entitled to be protected from abuse, neglect and harm or threat of harm". The act also states that any "person who has reason to believe that a child needs protection must promptly report the matter". I understand that Boys and Girls Club employees will adhere to the Act.

Emergency Procedure in the event of evacuation _____

In the event of an emergency that required evacuation of the Centre or the neighborhood, I am aware that my child would be at the designated location stated in the Parent Handbook given to me as a part of my registration package.

Late Pick-ups _____

If staff is unable to contact myself or emergency contact 45 minutes after program ending, I understand that the Ministry for Children & Families will be called.

Discipline Policy _____

The Okanagan Boys and Girls Club expectations of our members are: Respect yourself, Respect others and Respect our environment, equipment, Clubs and grounds. In the event a child is acting in an inappropriate manner, staff and volunteers will firstly observe the behaviour, and then set clear limits and appropriate specific consequences for the child. Continued inappropriate behaviour will be discussed with parents, with the expectation that staff and parents will work together to resolve the behaviour. While staff support and encourage appropriate behaviour, should the behaviour continue to be disruptive or harmful, we may ask that the child be removed from the program for a period of time or permanently.



Authorization, Consent, and Waivers—continued *(Please sign or initial in each applicable area)*

Parent/Guardian, and/or member is aware that member information is shared across the organization. _____

Parent/Guardian Consent _____

I hereby, acknowledge that I am aware of the risks involved in and arising out of participation in activities offered. I therefore waive, release, forgo against the Boys and Girls Club, its members, organizers, sponsors, officers, supervisors, directors, employees, agents, workmen and any person(s) participating or assisting in the carrying out of the activities of the organization. I hereby agree to hold and save harmless the Boys and Girls Club for any claims, demands, suits, actions and/or causes of actions resulting from, or resulting out of, or occasioned by my child's participation in any or all of the activities of the Boys and Girls Club.

Parent Handbook _____

I/We have received and read the Policies and Procedures of the Okanagan Boys and Girls Clubs as outlined in the Parent Hand Book issued to me upon registration with the Okanagan Boys and Girls Clubs.

Is your child currently on any medication? Yes No If yes, note medications in "Alerts" portion below:

Alerts:

Date of alert (mm/dd/yyyy): / /

Individual Member's Name: _____

Alert Type:

- | | |
|---|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Family Password |
| <input type="checkbox"/> Domestic (including name of any person NOT permitted access to the child—i.e. unauthorized pick-ups) | <input type="checkbox"/> Birthmarks or distinguishing marks |
| <input type="checkbox"/> Medication (please list all medications along with the prescribing physician below) | <input type="checkbox"/> Notable (example: Physical Marks / Scars, Fears, Concerns) |

Alert Description:

How did you hear about us? _____

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

Parent /Legal Guardian Signature: _____

Date of Signature: _____

Office Use Only— End Date (Date on which child stops attending): _____