



Boys & Girls Club
of Pembroke

1144 Lea Street
P.O Box 1354
Pembroke, ON K8A 6Y6
613-735-1933

www.boysandgirlsclubofpembroke.com

Email: bonnie.s@boysandgirlsclubofpembroke.com

APPLICATION FOR MEMBERSHIP

Name of Program: _____

Start Date: _____

2011 - 2012 CLUB YEAR		NEW MEMBER: YES / NO
Member's Name (Last)	(First)	(Name Used)
		Kinder (ages 4-5) <input type="checkbox"/>
		Child (ages 6-9) <input type="checkbox"/>
		Youth (ages 10-12) <input type="checkbox"/>
		Teen (ages 13 +) <input type="checkbox"/>
BIRTH DATE (da-MON-yy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
School Name	Grade	Age

LIVING WITH: Mother / Father / Both / Shared / Guardian			Town/Township _____		
Name (last, first)			Name (last, first)		
Street Address (apt, unit)			Street Address (apt, unit)		
City	Postal Code	Township	City	Postal Code	Township
Home Phone	Cell Phone		Home Phone	Cell Phone	
Home Email Address			Home Email Address		
Employer	Work Phone		Employer	Work Phone	

TWO PERSONS AUTHORIZED TO PICK UP MEMBER			
Name (last, first)		Name (last, first)	
Home Phone	Work Phone	Home Phone	Work Phone

EMERGENCY CONTACTS

Name (last, first)

Name (last, first)

Home Phone

Work Phone

Home Phone

Work Phone

Health Card Number

Physician's Name (last, first)

Physician's Phone

Hospital Name

Hospital Phone

Life-threatening Medical Conditions? Explain:

Other Medical Conditions, Allergies, Medications:

PARENTAL CONSENT: I have read and understand the Discipline Policy. In consideration of the BOYS AND GIRLS CLUB OF PEMBROKE accepting the undersigned minor as a member and permitting him 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.

- **Special consideration**, re health or any other problems the Club should be aware of are listed on the form. **Yes / No**
- **I give my consent** for **photographs**, in which my son/daughter may appear, to be used for Boys and Girls Club of Pembroke display and media purposes including being posted on Boys and Girls Club of Pembroke website. **Yes / No**
- **I give my consent** to apply or assist with the application of **insect repellent** (to be labelled with child's name) to my child before he/she goes outside. **Yes / No**
- **I give my consent** to apply or assist with the application of **sunscreen** (to be labelled with child's name) to my child before he/she goes outside. **Yes / No**
- **I give my consent** that my child/ren will be treated by a physician, hospital staff member or a Boys and Girls Club employee will **administer First Aid/CPR** should there be an accident, sudden illness or emergency. **Yes / No**
- **I give my consent** for my child(ren) to participate in **daily walking outings** (ie: local park). **Yes / No**
- **I am interested** in helping with our club. **On a weekly basis / occasionally when required / with special events.**

DATE (day-mon-yy)

Signature of Parent/Guardian

MEMBER UNDERSTANDING: I have read and understand the Discipline Policy. The right to membership depends upon the individual's respect for the BOYS AND GIRLS CLUB OF PEMBROKE, its equipment, rules and fellow members. The Club reserves the right to terminate membership at any time for any reason.

DATE (day-mon-yy)

Signature of Applicant