



Boys & Girls Club of Dieppe  
Club Garçons & Filles de Dieppe

**MEMBERSHIP FORM**  
**September 2017 August 2018**

Fee: \$10.00 member  
\$25.00 family

\*\*\*If your child wishes to participate in outings, Club T-Shirts are **MANDATORY!**  
T-Shirts may be purchased for \$10.00

**Child's Section**

(DD/MM/YYYY)

Name: \_\_\_\_\_ (First & Last) Date of Birth: \_\_\_\_\_  
Male:  Female:  Age: \_\_\_\_\_ Medicare (MANDATORY): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Previous Member: Yes  No   
School: \_\_\_\_\_ Grade: \_\_\_\_\_

List anyone who is NOT ALLOWED to pick up your child: \_\_\_\_\_

**Parents' Section**

Primary Caregiver: \_\_\_\_\_ (first & last name)  
Relation to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Other parent/guardian in same household:** \_\_\_\_\_ (first & last name)  
Relation to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Please check this box to give us permission to use your email address to inform you of club activities.

**Parent in different household**

Name: \_\_\_\_\_ (first & last name)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relation to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Other parent/guardian in this household:** \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Emergency Contact other than parents**

Name: _____ (First & Last)	Home Phone: _____	Cell: _____
Name: _____ (First & Last)	Home Phone: _____	Cell: _____

**Health Record**

To better meet your child's needs, what special considerations should we be aware of?  
(Please check all appropriate boxes)

<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Emotional/ Psychological
<input type="checkbox"/> Visual	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Other: _____
<input type="checkbox"/> ADHD/ ADD	<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Allergies	<input type="checkbox"/> Seizures/ Epilepsy	<input type="checkbox"/> No Considerations
<input type="checkbox"/> Asthma	<input type="checkbox"/> Medical or Health Conditions/Restrictions	

Please provide special instructions (medications?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: Dr. \_\_\_\_\_ (First, Last) Phone: \_\_\_\_\_

**\*In case of emergency, if I am not available, I authorize the Boys & Girls Club of Dieppe to secure the medical services deemed necessary for the well-being of my son/daughter.**

**Parent/ Guardian Initials: \_\_\_\_\_**

**\*I certify that my child has no medical or physical conditions, other than as outlined above in the considerations section, which could interfere with their safety while participating in our activities, or else I am willing to assume - and bear the cost of - all risks that may be created either directly or indirectly through their participation. Parent/Guardian Initials: \_\_\_\_\_**

**Other Information**

Child's Swimming Ability:	<input type="checkbox"/> Strong Swimmer (Deep Water)
	<input type="checkbox"/> Capable Swimmer (Up to Shoulders)
	<input type="checkbox"/> Weak Swimmer (Waist Deep)
	<input type="checkbox"/> Non-Swimmer (Shallow Water)
How did you hear about the Club?	<input type="checkbox"/> Club Member
	<input type="checkbox"/> Friend
	<input type="checkbox"/> Social Media (Facebook, Website)
	<input type="checkbox"/> Other _____

Nationality:	<input type="checkbox"/> English Canadian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> French Canadian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> Korean	<input type="checkbox"/> African
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other _____

Annual Combined Family Income:  Under \$24,000  \$24,000 - \$30,000  
 \$30,000 - \$50,000  Over \$50,000

**\*\*\*This information is used for subsidized membership prices as well as Tim Hortons Camp eligibility, it is not required.\*\*\***

**Agreements**

- I agree to keep the Boys & Girls Club of Dieppe updated on any changes of information on this enrollment form.
- I understand that the Boys & Girls Club of Dieppe will contact or notify me about any medical emergency, accident, injury or at-risk situation.
- I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Club of Dieppe.
- I have explained the rules to my son/daughter and agree that the Boys & Girls Club of Dieppe will not be responsible for any accidents to my child while on Club premises or engaged in any of its activities away from the Club.

*The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child \_\_\_\_\_ as a member of the Boys & Girls Club of Dieppe.*

**Parent/Guardian Consent**

I, \_\_\_\_\_ the undersigned, parent or guardian of \_\_\_\_\_, do hereby consent to and approve of \_\_\_\_\_ being a member of the Boys & Girls Club of Dieppe and hereby excuse the Club from any liability in the event of accident or death while taking part in Club activities. I also agree to abide by whatever rules and regulations agreed upon for the health, happiness and safety of everyone.

**Signature of parent or guardian:** \_\_\_\_\_

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

**OFFICE USE ONLY**

Amt. Paid: \$\_\_\_\_\_ Paid By:  Cash Receipt # \_\_\_\_\_  Cheque # \_\_\_\_\_

Type of Membership \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I give permission for my child to go outside without supervision of the staff of the Boys & Girls Club of Dieppe.

\_\_\_\_ I **do not** give permission for my child to go outside without supervision of the staff of the Boys & Girls Club of Dieppe.

Signature of Parent: \_\_\_\_\_