



**PLEASE FULLY COMPLETE ALL SECTIONS**

Child's Name: \_\_\_\_\_ Reg. Fee paid \_\_\_\_\_

F \_\_\_\_ M \_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Child's Start Date in Program: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Address must be the location on file for municipal emergency service responders)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Information:** Name: \_\_\_\_\_

(Address must be the location on file for municipal emergency service responders)

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information:**

Name of Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate if your child has any ongoing medical conditions, allergies, special needs: \_\_\_\_\_

Is your child's immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

DO YOU AGREE to allow: (initial beside your response)

Photographs of you and /or your child(ren) to be used for publicity reasons? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(re: Newspaper Ads, Websites and such)

You and/or your child(ren) to participate in surveys for program evaluation? \_\_\_\_\_ YES \_\_\_\_\_ NO

You may transport my child by ambulance or car in case of an emergency? \_\_\_\_\_ YES \_\_\_\_\_ NO

**I acknowledge that all the information I have provided is accurate to the best of my knowledge and agree to update any information as it changes.**

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**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 Boys and Girls Clubs of the Foothills. Our programs however, may include elements of risk and you, and/or, as the parent(s) or legal guardians 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, before or at the time of enrolment in any Boys and Girls Clubs of the Foothills program. ***We believe in the informed consent of the participant(s) and/or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during our programs.***

**Risks or dangers identifiable and unforeseen in the Club Programs at Boys and Girls Clubs of the Foothills include loss and/or damage of personal property. Injuries may occur when your child participates in activities such as sports programs, dances, bike riding, swimming and hiking. Inclement weather, plant allergies, insect bites and allergies, food allergies, are other possible risks. There are also risks inherent and unforeseen when traveling to and from a Program outing, which may include mishaps during transportation. Transportation may be by hired coach, staff drivers in the clubs' own bus or volunteer drivers in their own vehicles.**

***I have read and clearly understand that there are identifiable and unforeseen risks or dangers to the Club Programs at Boys and Girls Clubs of the Foothills:***

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(Participant's signature or parent/legal guardian signature if participant is under 18 yrs.)

Enrollment in a Club Program is your acknowledgement and acceptance of the risks or dangers that may occur during the program and thereby you, and/or as the parent(s) or legal guardian(s) of participants are deemed to have accepted the risks or dangers 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. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in a Club Program offered by Boys and Girls Clubs of the Foothills.
2. I freely and voluntarily release and discharge Boys and Girls Clubs of the Foothills, its employees, agents, instructors, volunteers, counselors and camp leaders from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of Boys and Girls Clubs of the Foothills, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a Club Program.
3. I waive any claim I may have against Boys and Girls Clubs of the Foothills arising from my and/or my child(ren)'s or charge(s)' participation in the program and I will indemnify and save harmless Boys and Girls Clubs of the Foothills, its agents, employees, instructors, volunteers, counselors and camp leaders for any claim, except negligence as defined by law on the part of Boys and Girls Clubs of the Foothills.
4. I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by Boys and Girls Clubs of the Foothills should a suit be launched on my child's or charge's behalf, except in the case of negligence as defined by law on the part of Boys and Girls Clubs of the Foothills.
5. Boys and Girls Clubs of the Foothills, including its agents, employees, volunteers, instructors, camp leaders and counselors, may collect, use, retain and disclose my child(ren) and/or charge(s)' and my personal information where in its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant. For example, disclosure of personal information to third parties may occur in the event of accident, sickness, counseling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts. The retention period for this personal information is seven (7) 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.



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**KINDER CARE**

6. Boys and Girls Clubs of the Foothills may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child's or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceeds 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 and if not available then as soon as is reasonably possible.
  
7. I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING the Participant Risk Acknowledgement, Release of Personal and Medical Information and Release, Waiver of Claim and Assumption of Risk, and voluntarily accept and assume the risks or dangers inherent, identifiable and/or unforeseen in a Club Program offered by Boys and Girls Clubs of the Foothills, including personal injury and property loss, except in the case of negligence as defined by law on the part of Boys and Girls Clubs of the Foothills.

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

Participant's full name: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian (if participant is under 18 yrs): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dated at \_\_\_\_\_, Alberta: \_\_\_\_\_  
(month/date/year)



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**TRAVEL CONSENT FORM**

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

- 1a) My child(ren) will be picked up at the Boys and Girls Clubs of the Foothills club in High River at 1204 10<sup>th</sup> Street SE; by the Boys and Girls Clubs of the Foothills Club staff and Bussed and or Walked to various field trips throughout the term of their enrollment in the program. Parents/Guardians will be notified beforehand of the itinerary for these trips.
- 1b) My child(ren) will be transported via Bus from the Boys and Girls Clubs of the Foothills (1204 10<sup>th</sup> Street SE, High River) to their respective school they are enrolled in listed on page 7 of the Registration Package; Before and After School as required.

2. I freely and voluntarily release and discharge Boys and Girls Clubs of the Foothills , it’s employees, agents, instructors and volunteers from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of the Boys and Girls Clubs of the Foothills, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a Club Program.

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

Participant’s full name: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

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



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**Media Consent Form - Child/Youth**

**Name of Child/Youth:** \_\_\_\_\_

**Club name where Child/Youth is a Member:** \_\_\_\_\_

Dear Parent or Guardian,

Your child may participate in an event or activity at Boys and Girls Clubs of the Foothills where photos/videos or audio recordings of club members may be taken for the purpose of representing Boys and Girls Clubs of the Foothills on promotional materials. Please read this media consent form carefully and indicate below your permission for your child’s image to be used in this manner. Parents with children or under the age of 18 must sign this consent form in order to protect your child’s safety and privacy.

**Section 1**

I give consent to have photos/video/film/audio of my child recorded and used in the promotional materials of Boys and Girls Clubs of the Foothills. My child’s image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, our website, our Facebook site, etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Boys and Girls Clubs of the Foothills, its members, and/or external partners.

I Accept

I Decline

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Aged 18+ Signature

\_\_\_\_\_  
Date

**Section 2 - Confidentiality Concern**

If you have a concern and do not want your child’s image used, please check here:

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Date

**Note: It is the parent guardian’s responsibility to notify the office if the status of this consent changes.**  
Revised June 8, 2017



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**KINDER CARE**

**INDIVIDUAL MEDICATION RECORD**

PLEASE ENSURE THAT ALL PRESCRIBED MEDICINE YOU OR YOUR CHILD REQUIRES IS IN THE ORIGINAL PRESCRIPTION BOTTLE/PACKAGING AS GIVEN BY THE PHARMACY.

\*Parent approval for the administration of medication or herbal remedy must be renewed monthly

To be completed by parent/guardian.

CHILD'S NAME: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

AMOUNT TO BE GIVEN: \_\_\_\_\_

DATES TO BE GIVEN: Start Date: \_\_\_\_\_

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

SYMPTOMS TO OBSERVE OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

To be completed at the time medication is administered

DATE	MEDICATION	DOSAGE	TIME	STAFF SIGNATURE



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**KINDER CARE**

**Club Location:**

**Black Diamond**

**High River**

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

**School Child is enrolled in:** \_\_\_\_\_

**Program Child is enrolled in:**

**Full Day**

**Half Day**

**Days Child is In School:**

**Mon**

**Tues**

**Wed**

**Thur**

**Fri**

**Transportation Required:**

**Morning**

**Afternoon**

**OFFICE USE ONLY**

September	Chq# : _____	Cash _____	Amount _____
October	Chq# : _____	Cash _____	Amount _____
November	Chq# : _____	Cash _____	Amount _____
December	Chq# : _____	Cash _____	Amount _____
January	Chq# : _____	Cash _____	Amount _____
February	Chq# : _____	Cash _____	Amount _____
March	Chq# : _____	Cash _____	Amount _____
April	Chq# : _____	Cash _____	Amount _____
May	Chq# : _____	Cash _____	Amount _____
June	Chq# : _____	Cash _____	Amount _____