



### Registration Form

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (month/day/year) Gender: \_\_\_\_\_ (M/F)

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_  
(Street/Box Number)

\_\_\_\_\_ (City)

\_\_\_\_\_ (Postal Code)

Resident of (✓): Town of Edson: \_\_\_\_\_ Yellowhead County: \_\_\_\_\_

School Attended: \_\_\_\_\_ Bussing Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (Street/Box Number) Cell Phone: \_\_\_\_\_

\_\_\_\_\_ (City) Place of Work: \_\_\_\_\_

\_\_\_\_\_ (Postal Code) Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (Street/Box Number) Cell Phone: \_\_\_\_\_

\_\_\_\_\_ (City) Place of Work: \_\_\_\_\_

\_\_\_\_\_ (Postal Code) Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (If **NOT** in parent care) Home Phone: \_\_\_\_\_

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

Please state any custody or visitation rights: \_\_\_\_\_

Do you require Subsidy: Yes \_\_\_\_\_ No \_\_\_\_\_

# Child Profile

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

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

Alberta Health Care #: \_\_\_\_\_

Immunization up to Date: Yes \_\_\_\_ No \_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child receiving medication on an ongoing basis? Yes \_\_\_\_ No \_\_\_\_  
If Yes, please list the name of the medication, its purpose and possible side effects:

\_\_\_\_\_

Please indicate any handicaps, diet restrictions, serious illness, operations or  
childhood diseases: \_\_\_\_\_

\_\_\_\_\_

Please indicate if your child has any of the following:

ADD \_\_\_\_ ADHD \_\_\_\_ FASD \_\_\_\_ Other \_\_\_\_\_

Allergies (List and describe reaction): \_\_\_\_\_

Play Habits (shares, bullies, etc): \_\_\_\_\_

Eating Habits: \_\_\_\_\_

Is there specific discipline techniques used with your child? \_\_\_\_\_

\_\_\_\_\_

Any other relevant information? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Releases

## Emergency Medical Release

I hereby give permission for my child to be referred to a doctor for emergency medical treatment. Should it be necessary that an ambulance be called, Boys & Girls Club staff will do so and this will be at the parents /guardians' expense. Any First Aid given to my child will be by Boys & Girls Club staff with current First Aid Certification.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Freedom of Information and Privacy

I hereby give permission to the Boys & Girls Club of Edson & District to (check as applicable):

\_\_\_\_\_ Display my child's picture individually, or as part of a group, on the wall or in a scrapbook/display/photo album

\_\_\_\_\_ Display my child's picture, artwork or written work individually, or as part of a group in local media format (newspaper, radio, brochure etc...)

\_\_\_\_\_ Display my child's artwork or written work in the Club

\_\_\_\_\_ I **DENY** permission to use my child's picture, artwork or written work

The Boys & Girls Club of Edson & District is further allowed to release to its Board of Directors or designates, the home/work phone numbers of parents/guardians, for the purposes of organizing Club activities, volunteer schedules and in case of emergency.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Waiver of Liability

Program activities and potential risks include but are not limited to: cooking, games, swimming, sports, field trips, crafts and transportation.

I hereby give permission for my child, to participate in the above stated and similar activities, with the Boys and Girls Club of Edson and District

I understand that by signing this release, I will be forever prevented from suing or otherwise claiming against the Boys & Girls Club of Edson & District, its organizers, employees, volunteers, coaches (certified or uncertified), representatives, officials, agents, independents, sponsors, or servants for any loss or damage connected with any property, personal injury that I and/or my child may sustain while participating in or preparing for any Boys & Girls Club of Edson & District activity or program, whether or not such loss or injury is caused solely or partly by negligence of the Boys & Girls Club of Edson & District.

I acknowledge that if I should have any objection to the manner in which my child or myself are being supervised or instructed, I accept the responsibility to remove myself and/or my child from the activity. This agreement shall be binding upon myself, heirs, my executors, and my representatives.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Program Information

## After School Program

### Members:

- Annual Membership/Child.....\$10
- Full Year /Child.....\$325
  - \* Annual Membership Fee Included
  - \* \$50 Non-Refundable Deposit required at Registration
- Full Year/Additional Child.....\$300
- Monthly/Child.....\$50
- Monthly/Additional Child.....\$45
- Drop-In/Child.....\$5

### Non-Members:

- Monthly/Child.....\$55
- Drop-In/Child.....\$8

## Full Day Camp

- Member/Child.....\$20
- Non-Member/Child.....\$25

- October 15, 2010
- November 12, 2010
- December 3, 2010
- December 20, 2010
- December 21, 2010
- December 22, 2010
- December 23, 2010
- December 28, 2010
- December 29, 2010
- December 30, 2010
- December 31, 2010
- February 10, 2011
- February 11, 2011
- March 11, 2011
- March 28, 2011
- March 29, 2011
- March 20, 2011
- March 31, 2011
- April 22, 2011
- May 20, 2011

## KinderClub

- Child/Day.....\$20
- Session I.....\$500
  - Sept. 8, 2010 - Nov. 10, 2010
- Session II.....\$260
  - Nov. 15, 2010 – Dec.17, 2010
- Session III..... \$620
  - Jan. 3, 2011 – Mar. 25, 2011
- Session IV..... \$340
  - Apr. 6, 2011 - May 18, 2011
- Session V.....\$300
  - May 25, 2011 to Jun. 29, 2011
- Session I Special.....\$340
- Mondays ONLY.....\$500
  - Nov. 15 2010 - Jun. 29, 2011