

Membership Application 2023-24

BGC Dovercourt Clubhouse & Junction Triangle Clubhouse All personal information provided is subject to the Club's Privacy Policy, which can be accessed at www.bgcdovercourt.com

Membership annual fee: \$40.00

	CHILD ME	MBER INFORMATION	J	
Last Name:		First Name:		Gender:
Current Address:		City:		Postal Code:
School:				
Date of Birth (MM/DD/YYYY)		Grade:	Language Spoken at home:	
Health Card Number:		Family Doctor's Name:	Family Doctor's Phone:	
Does your child have any allergies? If	so, please list alle	ergies.		
Does your child take any medications	? If so, please list	all medications:		
Does your child have any medical or be			e of?	
Does your child have any dietary need	ds or restrictions?	If so, please list them:		
Does your child need any adaptable p	rogramming accor	mmodations?		
CUSTODI	AL PARENT /	LEGAL GUARDIAN I	VFORMATION	N
Last Name:		First Name:		Gender:
Current Address:		City:		Postal Code:
Phone:	Relationship to: Child Member:		E-Mail:	
CUSTODIAL PA	RENT / LEGA	L GUARDIAN INFORI	MATION (Ad	ditional)
Last Name:		First Name:		Gender:
Current Address:		City:		Postal Code:
Phone:	Relationship to: (Child Member:	E-Mail:	









Does your child have your permission to be released on their own at the end of the day?	Yes No	Signature:	Date:
This is a person who is authorized b	y the custodial parent,	BY CUSTODIAL PARENT / LEG / legal guardian to pick up your child and car arent / legal guardian cannot be reached.	
Last Name:		First Name:	Gender:
Home Phone:		Work Phone:	
Cell Phone:		Relationship to Child:	
	nd/or legal guardian	nt or legal guardian of the minor child liste of the Child Member, I hereby consent to be reached.	
Signature:		Date:	
	ME	DIA CONSENT	
Member "). I, on my own behalf, at to use and reproduce the Child Meits member Boys and Girls Clubs and understand that the Child Menewspapers, promotional videos, displayed to the public or used for Canada, its member Clubs, and/or	and on behalf of the Comber's first name/imand/or external partnal partnal partnal partnal partnal partnal partnal partnal partnal partnars. I,	arent or legal guardian of the minor child Member, hereby give Boys and Girls Cage for promotion purposes related to Boys ers. I, on my own behalf, and on behalf of (unless otherwise authorized)/image maials, program brochures, posters, on Woindraising purposes , either in whole or in paon my own behalf, and on behalf of the Cland all claims, of any nature, based on any united to the cland all claims.	lubs of Canada our consent and Girls Clubs of Canada, of the Child Member, agree by be published or used in ald Wide Web or otherwise or the Boys and Girls Clubs of anild Member, hereby release
		E OF CONDUCT	
Member"). I, on my own behalf, a in the program is the utmost import Child Member, agree that the Child Junction Triangle Clubhouse) (the the Child Member, agree that performing the cartwheels, summersaults, gymna Child Member not to engage in successive agree and understand that any behave to performing High-Risk Activities, materials are to cover any expense(s) are be granted for dismissal or removal.	am the custodial pand on behalf of the Cotance to the BGC Dood Member and me win "Club Facilities") for forming high-risk act astics, karate, skateleth High-Risk Activities for by the Child Member in the Child Member in the Child Member in the Child Member at the Ch	arent or legal guardian of the minor child child Member, acknowledge and agree that vercourt Club (the "Club"). I, on my own bill use the Junction Triangle Clubhouse (BC or their intended purposes only. I, on my or divities in the Club Facilities is prohibited, in boarding, etc. (the "High-Risk Activities is when attending Club activities or while us ber that places the Child Member or others at Member's immediate dismissal from the is dismissed from the program and/or removals or removal. I hereby acknowledge are the child Member's request before the duals participating in Club programs, I under	the safety of each individual behalf, and on behalf of the GC Dovercourt Clubhouse & wn behalf, and on behalf of including but not limited to, 6"). I agree to instruct the sing Club Facilities. I hereby trisk, including but not limited Club's membership and/or yed from the Club Facilities, and agree that no refund will ne end of a program session.
I have read, understand and agree	e to comply with the	Code of Conduct.	
Signature:	Da	te:	

Assumption of Risk, Release and Indemnity









By accepting this liability wavier, I acknowledge and agree that I am the custodial parent or legal quardian of the minor child listed below (the "Child Member"). In consideration for being granted the right to access the Club, participate in Club programs, and use the Club Facilities, I, on my own behalf, and on behalf of the Child Member, acknowledge and agree (together, the "Releasors", "We" or "Our") as follows:

- 1. We understand and agree that access to the Club, participation in Club programs, and use of the Club Facilities is entirely voluntary and at Our own risk.
- 2. We acknowledge and agree that participation in Club programs and use of Club Facilities, and related activities and excursions, may expose the Releasors to potentially hazardous situations and the potential risk of harm or injury, and that some of these risks cannot be eliminated regardless of the care taken to avoid injuries. We also acknowledge that the specific risks vary from one activity to another, but range from (a) minor injuries such as scratches, bruises, and sprains, to (b) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks or concussions, and (c) catastrophic injuries including paralysis and death. We acknowledge and agree that such participation and use of the Club Facilities is undertaken at Our risk.
- 3. We acknowledge and agree that We are totally and solely responsible for Our safety while accessing the Club and using the Club Facilities and We fully accept and assume all risks (known and unknown) associated with accessing the Club and using the Club Facilities. We agree to observe and obey all rules and warnings, including any written and oral instructions given by the Club, its employees, or volunteers, with regard to accessing the Club and using the Club Facilities.
- 4. We hereby agree to assume full responsibility for any and all injuries or damage which are sustained, aggravated or caused by the Releasors or anyone else in relation to the Club or Club Facilities, as well as damages caused to the Club Facilities themselves.
- 5. THE RELEASORS AGREE TO RELEASE, REMISE, AND FOREVER DISCHARGE AND AGREE TO PERSONALLY INDEMNITY AND SAVE AND HOLD HARMLESS THE CLUB, THE CORPORATION OF THE CITY OF TORONTO, AND EACH OF THEIR DIRECT AND INDIRECT PARENT, SUBSIDIARIES, AFFILIATES, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES, AND AGENTS, AND EACH OF THEIR RESPECTIVE SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES") FROM ANY AND ALL RESPONSIBILITY, DEMANDS, CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, DAMAGES, INJURIES, DEATH, LOSS, AND LIABILITIES (INCLUDING WITHOUT LIMITATION MEDICAL BILLS, ATTORNEY FEES AND OTHER LITIGATION COSTS, AND PROPERTY LOSS) (COLLECTIVELY, THE "CLAIM'S") TO THE FULLEST EXTENT ALLOWED BY LAW ARISING OUT OF OR IN ANY WAY RELATED TO THE RELEASOR'S ACCESS TO THE CLUB, PARTICIPATION IN CLUB PROGRAMS, OR USE OF THE CLUB FACILITIES AND/OR OUR GUESTS' ACCESS TO THE CLUB OR USE OF THE CLUB FACILITIES HOWSOEVER ARISING, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF ONE OR MORE OF THE RELEASED PARTIES, AND FURTHER INCLUDING THE FAILURE BY ONE OR MORE OF THE RELEASED PARTIES TO SAFEGUARD OR PROTECT THE RELEASORS FROM THE RISKS, DANGERS, AND HAZARDS OF THE CLUB PROGRAMS OR CLUB FACILITIES.
- 6. THE RELEASORS AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST THE RELEASED PARTIES.
- 7. We represent, warrant and confirm that We: (a) are physically and mentally capable of accessing and participating in Club programs and using the Club Facilities, (b) have no physical or medical condition that would prevent Us from properly and safely accessing or participating in Club programs or using the Club Facilities, or that would put the Releasors or anyone else in any physical or medical danger, and (c) have not been advised against accessing or participating in Club programs or using the Club Facilities by any physician or other medical practitioner.
- 8. We understand and agree that this Assumption of Risk, Release and Indemnity cannot be verbally modified or amended. Furthermore, if any provision of this Assumption of Risk, Release and Indemnity is found to be unenforceable, in whole or in part, We understand and agree that the remainder of the Assumption of Risk, Release and Indemnity shall remain enforceable to the extent permitted by law.
- 9. We understand that this Risk, Release and Indemnity is governed by the laws of the Province of Ontario and the laws of Canada applicable therein and that the Ontario Superior Court of Justice in Toronto, Ontario shall have exclusive jurisdiction.









WE HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT WE ARE GIVING UP SUBSTANTIAL RIGHTS INCLUDING OUR RIGHT TO SUE THE RELEASED PARTIES AND OTHERS UNDER CERTAIN CIRCUMSTANCES. WE ACKNOWLEDGE THAT WE ARE SIGNING THIS AGREEMENT FREELY AND **VOLUNTARILY. THE TERM OF THIS AGREEMENT IS INDEFINITE. THIS AGREEMENT IS BINDING ON US, OUR** HEIRS, OUR EXECUTORS, OUR PERSONAL REPRESENTATIVES AND OUR ASSIGNS.

WE HAVE BEEN GIVEN THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS AGREEMENT, AND WE HAVE OBTAINED SUCH ADVICE OR VOLUNTARILY CHOSEN NOT TO DO SO.

Member Child Name:	
Custodial Parent / Legal Guardian Name:	
	Custodial Parent / Legal Guardian Signature
	SIGNATURE
Custodial Parent / Legal Guardian Signature:	Date:









For Office Use Only:

MEMBERSHIP FEE PAID:	PAYMENT METHOD:			
GROUP:	CLUB CARD NUMBER:	CLUB CARD NUMBER:		
ALITUOD	IZED ALTERNATIVE PICK-UP FOR	DM		
AUTHOR		(IVI		
Look Novo		MEMBER INFORMATION		
Last Name:	First Name:			
Membership ID:				
	ALTERNATIVE PICK UP #1			
Last Name:	First Name:	Gender:		
Home Phone:	Work Phone:			
Cell Phone:	Relationship to Child:	Relationship to Child:		
	ALTERNATIVE PICK UP #2			
Last Name:	First Name:	Gender:		
Home Phone:	Work Phone:	Work Phone:		
Cell Phone:	Relationship to Child:	Relationship to Child:		
	ALTERNATIVE PICK UP #3			
Last Name:	First Name:	Gender:		
Home Phone:	Work Phone:	Work Phone:		
Cell Phone:	Relationship to Child:	Relationship to Child:		
	ALTERNATIVE PICK UP #4			
Last Name:	First Name:	Gender:		
Home Phone:	Work Phone:	Work Phone:		
Cell Phone:	Relationship to Child:	Relationship to Child:		
	ALTERNATIVE PICK UP #5			
Last Name:	First Name:	Gender:		
Home Phone:	Work Phone:	Work Phone:		
Cell Phone:	Relationship to Child:	Relationship to Child:		







