

Membership Applications 2024-25

BGC Dovercourt Clubhouse & Junction Triangle Clubhouse

All personal information provided is held in confidence by the Club in accordance to its Privacy Policy

Membership annual fee: \$40.00

Member Information					
Last Name:		First Name:		Gender:	
Current Address:		City:	Postal Code:		
School:					
Date of Birth (MM/DD/YYYY)		Grade:	Language Spoken at Home:		
Parent/Guardian Information					
Last Name:		First Name:		Gender:	
Current Address:		City:	Postal Code:		
Phone Number:	Relation to Member:		Email:		
Parent/Guardian #2					
Last Name:		First Name:		Gender:	
Current Address:		City:	Postal Code:		
Phone Number:	Relation to Member:		Email:		
Does your child have your permission to be released on their own at the end of the day?		Yes No	Signature:		Date:

Emergency Contact

This is a person who is authorized to pick up your child and can be contacted by Dovercourt Staff when the parent/guardian cannot be reached.

Last Name:	First Name:	Gender:
Home Phone:	Work Phone:	
Cell Phone:	Relationship to Child:	

Medical Information

Health Card Number:
Family Doctor Name:
Family Doctor Name:

Health and Personal Information

<p>Does your child have any allergies? If so, please list allergies:</p>
<p>Does your child take any medications? If so, please list all medications:</p>
<p>Does your child take any prescribed medications (IE: EPIPEN, puffer, insulin, etc.)</p> <p style="text-align: right;">Yes No</p>
<p>Does your child have any medical or behavioural conditions that we should be aware of?</p> <p>If so, please take a moment to explain:</p>
<p>Does your child have any dietary needs Or restrictions? If so, please list them:</p>

Confidential Information

The following voluntary information is for statistical purposes in order to provide our members with improved services. Responses will be kept confidential and not connected to identifying information.

Number of brothers: _____ Number of sisters: _____
 Lone-Parent Families (Y/N): _____ Led by: _____
 Do you self-identify as a visible minority? _____ Do you self-identify as Aboriginal? _____

Member Accommodation Request

The purpose of asking this question is to know if your child needs any accessibility accommodations. Does your child need any adaptable programming accommodations. If yes please see front desk for a copy of the accessibility accommodations request form.

Yes No

Media Consent

I hereby give Boys and Girls Clubs of Canada and/or its member Clubs consent to use and reproduce my child's/youth's first name/image for promotion purposes related to Boys and Girls Clubs of Canada; its member Boys and Girls Clubs and/or external partners. My child's/youth's first name (unless otherwise authorized) /image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on **World Wide Web 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 Canada, its member Clubs, and/or external partners. I release Boys and Girls Clubs of Canada and its agents from any and all claims, of any nature, based on any uses of the above.

I Accept I Decline

Code of Conduct

The safety of each individual in the program is the utmost importance to the BGC Dovercourt Club. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the Club staff. I hereby agree that any behaviour of the registrant that places him/ herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the Dovercourt Boys and Girls Club reserves the right to alter the program at anytime without notice or compensation to the registrant.

I have read and understand the Code of Conduct:

Signature: _____ Date: _____

Waiver

I/we agree that I/we will hold harmless and indemnify the Corporation of the City of Toronto and the BGC Dovercourt Club, including all staff, volunteers and board members from and against all action, suits, claims and demands which may be brought against or upon the Corporation of the City of Toronto and the BGC Dovercourt Club, as a result of any injury sustained by myself or my child while I/ we or my/our child is a participant in any program operated by said Club.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name:

For Office Use Only:

MEMBERSHIP FEE PAID:	PAYMENT METHOD:
GROUP:	CLUB CARD NUMBER:

AUTHORIZED ALTERNATIVE PICK-UP FORM

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:	

ALTERNATIVE PICK UP #2

Last Name:	First Name:	Gender:
Home Phone:	Work Phone:	
Cell Phone:	Relationship to Child:	

ALTERNATIVE PICK UP #3

Last Name:	First Name:	Gender:
Home Phone:	Work Phone:	
Cell Phone:	Relationship to Child:	

ALTERNATIVE PICK UP #4

Last Name:	First Name:	Gender:
Home Phone:	Work Phone:	
Cell Phone:	Relationship to Child:	

ALTERNATIVE PICK UP #5

Last Name:	First Name:	Gender:
Home Phone:	Work Phone:	
Cell Phone:	Relationship to Child:	

SIGNATURE

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