



Boys and Girls Club of Central Vancouver Island Family Place Registration Form

Boys & Girls Clubs
of Central Vancouver Island

Date Of Enrollment: _____

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Number: _____	Home Number: _____
Work Number: _____	Work Number: _____
Place of Work: _____	Place of Work: _____
Names of Children in Family: _____ _____ _____	Birthdate: ____/____/____ ____/____/____ ____/____/____ ____/____/____
	Allergies: _____ _____ _____

* Please note if your child has an epi-pen or inhaler or other medications with him/her.

PERSONS AUTHORIZED TO PICK UP CHILD AND CONTACT IN EMERGENCY:

NAME(S)	PHONE NUMBER(S)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

PLEASE READ CAREFULLY BEFORE SIGNING:

My signature below acknowledges that my children and I are joining the Family Place program to enjoy a new experience, meet new people and have fun in a non structured play environment. My signature below authorizes the Boys and Girls Club to obtain a Physician and/or Ambulance in the event of an emergency.

I also hereby understand that the Boys and Girls Club of Nanaimo and District (the "Club") will not be responsible for lost or stolen articles while my child participates in "Club" programs. In consideration of my families admission I/We acknowledge and agree that all members may use any and all facilities used by the Club, when permitted, AT HIS OR HER OWN RISK, and shall not cause or permit proceedings on behalf of myself and/or my child to be brought against the Club, its members, volunteers or employees.

Date	Signature of Parent/Guardian	Signature of Caregiver
------	------------------------------	------------------------