



Boys & Girls Clubs  
of Central Vancouver Island

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

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 Participating Children & Caregivers:	Birthdate(children only):	Allergies/Medication/Epi-pen
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**PERSONS AUTHORIZED TO PICK UP CHILD AND CONTACT IN EMERGENCY:**

NAME(S)	PHONE NUMBER(S)
1. _____	_____
2. _____	_____

**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