

BGC LONDON CONTRACT - CHILD

The following information is necessary for our records and for the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. PLEASE PRINT CLEARLY:

TYPE OF CONTRACT

Child Membership **Visitor** **ACT-i-Pass Participant** # _____ (Please provide Card number)

Address: _____
Street # & Name City Postal Code

Home Phone #: (____) _____ **Email Address:** _____

Child 1

Name: _____
FIRST MIDDLE LAST

Date of Birth: ____ / ____ / ____ **Age:** ____ **Sex:** Male Female Gender X
DAY MONTH YEAR

School Name: _____ **Grade:** ____ Will your child be attending Supper Club? Yes No

Do you give consent for your child to use the BGCL Bus? Yes No If so, which day of the week? _____

Can your child walk home alone? Yes No

Does your child know how to swim? Yes No Does your child require a lifejacket while swimming? Yes No

Does your child have any Medical, Physical or Emotional concerns that we should know about? I.e. ADHD, emotional outbursts, allergies or any other conditions where extra attention may be required. Please give details:

Doctor: _____
NAME NUMBER

List any Medication your child is taking: _____ Health Card #: _____

List anyone who is **NOT ALLOWED** to pick up your child: _____
NAME AND RELATIONSHIP TO CHILD

Child 2

Name: _____
FIRST MIDDLE LAST

Date of Birth: ____ / ____ / ____ **Age:** ____ **Sex:** Male Female Gender X
DAY MONTH YEAR

School Name: _____ **Grade:** ____ Will your child be attending Supper Club? Yes No

Do you give consent for your child to use the BGCL Bus? Yes No If so, which day of the week? _____

Can your child walk home alone? Yes No

Does your child know how to swim? Yes No Does your child require a lifejacket while swimming? Yes No

Does your child have any Medical, Physical or Emotional concerns that we should know about? I.e. ADHD, emotional outbursts, allergies or any other conditions where extra attention may be required. Please give details:

Doctor: _____
NAME NUMBER

List any Medication your child is taking: _____ Health Card #: _____

List anyone who is **NOT ALLOWED** to pick up your child: _____
NAME AND RELATIONSHIP TO CHILD

ETHNIC BACKGROUND

Asian	Specify: _____	Caribbean	African Canadian	Metis
European	Specify: _____	Hispanic	First Nation	Other Specify: _____
Middle Eastern	Specify: _____	Caucasian	Inuit	Decline to Answer

FAMILY HISTORY

Parent(s) Marital Status:	Other	Married	Separated	Divorced	Widowed	Single
Child Lives with:	Mother	Father	Both	Guardian	Mother and Step Father	Father and Step Mother
	Grandparent (s)	Aunt / Uncle	Sister / Brother	Other Specify: _____		
Number of Sisters/Step Sisters: _____ Number of Brother/Step Brothers: _____ Number of People in Household: _____						
Family Setting	One Parent Family	Two Parent Family	Joint Custody	Other	Specify: _____	

PARENT 1

Sex: Male Female Gender X

Name: _____

Relation to Child: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell #: _____

Email: _____

PARENT 2

Sex: Male Female Gender X

Name: _____

Relation to Child: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell #: _____

Email: _____

Membership prices are subsidized according to combined family income

ANNUAL COMBINED FAMILY INCOME: Up to \$25,000 \$25,001 to \$40,000 \$40,001 to \$60,000 OVER \$60,000

MEMBERSHIP PAYMENT CHART

GROSS ANNUAL HOUSEHOLD INCOME	CLIENT PAYS PER CHILD	CLUB PAYS
Up to \$25,000	\$25.00	\$175.00
\$25,001 to \$40,000	\$50.00	\$150.00
\$40,001 to \$60,000	\$75.00	\$125.00
Over \$60,000	\$100.00	\$100.00
Act-i-Pass	Act-i-Pass program is free to all children in Grade 5 for the school year. Please visit https://theheal.ca/projects/actipass/ for more information.	
Visitor Fee	Cost per visitor is \$3.00	

We would like to give everyone an opportunity to participate in our programs. If you are unable to pay for a membership, please contact us at (519) 434-9114.

Child/Youth Participant Code of Conduct

I, _____, hereby agree to the following rules and guidelines.
Child/Youth Participant's name – *If more than one child, please add all names

I, _____, as the parent/guardian of _____
hereby agree that I understand and accept the rules and guidelines of BGC London (Boys & Girls Club of London) and understand and accept the consequences for my child(ren) if they breach the Code of Conduct.

1. I will listen and show respect to the Club staff, volunteers and my peers.
2. I will be fair, kind and will include everyone.
3. I will use good manners and appropriate language: swearing, cultural or sexual slurs/comments/jokes will not be tolerated.
4. I will respect Club property and equipment, and will help to keep the Club clean.
5. I will be responsible for my own belongings.
6. I will follow Club rules.
7. I am responsible for my own choices and actions – thinking before I act or react.
8. I will come prepared, dressed appropriately, and ready to actively participate in Club programs.
9. I will stay in the Club program and with staff until it is time to go home.
10. I will express my thoughts and feelings to the Club staff so that they can support me.
11. I will behave in a manner that reflects favourably on me and my group, as I am an Ambassador of BGC London.

I understand that failure to comply with the Code of Conduct may result in a behavioural contract, suspension or expulsion from BGC London.

1. Signature of Child/Youth Participant

2. Signature of Child/Youth Participant

Signature of Parent/Guardian

Date

Additional children: (if applicable)

3. Signature of Child/Youth Participant

4. Signature of Child/Youth Participant

5. Signature of Child/Youth Participant

6. Signature of Child/Youth Participant

BGC LONDON (BOYS & GIRLS CLUB OF LONDON) – CHILD MEMBERSHIP CONTRACT

RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

**BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

PLEASE READ CAREFULLY!

INITIAL

Child 1 - Name	Last	First	Phone
	List: Medical Condition which may impact my ability to take part in activities (see below) None _____ (initial)		Birth date / / mm dd yyyy
Child 2 - Name	Last	First	Phone
	List: Medical Condition which may impact my ability to take part in activities (see below) None _____ (initial)		Birth date / / mm dd yyyy
Address	Street		
	City	E-mail	
	Postal Code	Parent	Phone

TO: Boys & Girls Club of London and the Boys & Girls Club of London Foundation (together the “BGCL”) and their directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the “Releasees”).

COVID – 19 COVID-19 is a contagious disease (“Covid”). We care about you, your family, our employees and the public. We strive to obey the law and follow Covid guidelines and implement all risk mitigation measures. However there are significant health risks and high risk of transmission through physical or shared contact. COVID-19 is novel and, because it can be transmitted through physical or shared contact with another person, the risk of contraction from engaging in sport activities may be foreseeable.

ASSUMPTION OF RISKS

I am aware that the activities at the BGCL programs involve risks and dangers that may cause serious injury and even death, and loss or damage to personal property. These risks are inherent in the activities and cannot be eliminated without altering their character and value. The risks include, among others, the following: contracting Covid; moving about the BGCL premises; negligence on the part of myself and/or other participants; negligence of the BGCL and its staff, including the improper use of equipment; the breakage and failure of equipment and structures; over exertion, together with other risks which may be encountered and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

The **BGCL** programs are designed for use by participants of average strength, mobility and fitness who are in good health. Several medical conditions, including but not limited to obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or joint and muscular-skeletal problems may impair the safety and well being of participants as may other medical, physical, psychological or psychiatric problems. All such medical conditions may increase the risk of participating in the programs and cause the participant to be a danger to themselves or others. Participants with underlying medical, physical, psychological or psychiatric conditions must evaluate their condition and their ability before choosing to participate in the programs. All participants must inform BGCL in writing of any such medical, physical, psychological or psychiatric conditions before participating in any programs. The Releasees reserve the right to prevent any person, for medical or safety reasons, from participating in the programs at any time.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE BGCL PROGRAMS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees permitting my use of the BGCL PROGRAMS and other facilities at the BGCL (hereinafter referred to as "the BGCL Facilities"), I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the **RELEASEES**, and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from either my use of or my presence at or on the BGCL Facilities **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT, RSO 1990, c.02 ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the BGCL facilities.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____ 20__ (year)

Signature of parent or Guardian if participant is under 18 years

Signature of participant

Witness Signature (BGCL Staff Member)

Print participant's name clearly

Please print witness name clearly