

Teen Night REGISTRATION PACKAGE

PLEASE FULLY COMPLETE ALL SECTIONS

| Youth's Name: | Date of Birth:/ |
|--|--|
| Gender: M F Non-binar | |
| Legal Address: | <u></u> |
| Mailing Address: | |
| Phone: | |
| Youth's Start Date in Program:_ | Termination Date: |
| Parent/Guardian Name: | Home Phone: |
| Address: | Postal Code: for municipal emergency service responders) |
| | for municipal emergency service responders)Cell Phone: |
| Emergency Contact Inform | |
| Contact #1 Name: | |
| Home Phone: | Cell:Work: |
| | |
| Medical Information | |
| Is your Youth on any regular medications describe: | |
| Does your child have any allergies or skin treatment: | reactions? If yes, please describe |
| | our Youth's health? (seizures (febrile seizures), asthma, vision, hearing etc.) Please |
| | |
| Consent Do you agree to allow: Please initial by | / your response |
| Photographs of you and/or your child(YESNO | (ren) to be used for publicity reasons? |
| You and/or your child(ren) to participa | ate in surveys for program evaluation? |
| You may transport my child by ambu | llance or car in case of an emergency. |
| I acknowledge that all the information I information as it changes | have provided is accurate to the best of my knowledge and agree to update any |
| Youth Signature: | Date: |
| Parent/Guardian Signature: | Date: |



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PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE OF PERSONAL AND MEDICAL INFORMATION AND RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK

Our goal is to provide a safe experience for all participants registered in programs offered by BGC Foothills Clubs. Our programs, however, may include elements of risk and you, and/or, as the parent(s) or legal guardians of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk, **before or at the time** of enrolment in any BGC Foothills Clubs program. **We believe in the informed consent of the participant(s) and/or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during our programs.**Enrollment in a Club Program is your acknowledgement and acceptance of the risks or dangers that may occur during the program and thereby you, and/or as the parent(s) or legal guardian(s) of participants are deemed to have accepted the risks or dangers of this program.

In consideration of my, and/or my child(ren) or charge's participation in this program, I agree and acknowledge that:

Risks or dangers identifiable and unforeseen in the Club Programs at BGC Foothills Clubs include loss and/or damage of personal property. Injuries may occur when your child participates in activities such as basketball, tennis, rollerblading, roller skiating, sports programs, dances, bike riding, swimming and hiking. Inclement weather, plant allergies, insect bites and allergies, Animal and Livestock Encounters, food allergies, are other possible risks. There are also risks inherent and unforeseen when travelling to and from a Program outing, which may include mishaps during transportation. Transportation may be by hired coach, staff drivers in the clubs' own bus or volunteer drivers in their own vehicles.

I have read and clearly understand that there are identifiable and unforeseen risks or dangers to the Club Programs at BGC Foothills Clubs:

(Participant's signature or parent/legal guardian signature if participant is under 18 yrs.)

- 1. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in a Club Program offered by BGC Foothills Clubs.
- I freely and voluntarily release and discharge BGC Foothills Clubs, its employees, agents, instructors, volunteers, counsellors and camp leaders from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of BGC Foothills Clubs, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a Club Program.
- 3. I waive any claim I may have against BGC Foothills Clubs arising from my and/or my child(ren)'s or charge(s)' participation in the program and I will indemnify and save harmless BGC Foothills Clubs, its agents, employees, instructors, volunteers, counsellors and camp leaders for any claim, except negligence as defined by law on the part of BGC Foothills Clubs.
- 4. I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by BGC Foothills Clubs should a suit be launched on my child's or charge's behalf, except in the case of negligence as defined by law on the part of BGC Foothills Clubs.
- 5. BGC Foothills Clubs, including its agents, employees, volunteers, instructors, camp leaders and counsellors, may collect, use, retain and disclose my child(ren) and/or charge(s)' and my personal information wherein its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant. For example, disclosure of personal information to third parties may occur in the event of accident, sickness, counselling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts. The retention period for this personal information is seven (7) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed.
- 6. BGC Foothills Clubs may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child's or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceeds coverage by Alberta Health Care. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises and if not available then as soon as is reasonably possible.
- 7. I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING the <u>Participant Risk Acknowledgement</u>, <u>Release of Personal and Medical Information and Release</u>, <u>Waiver of Claim and Assumption of Risk</u></u>, and voluntarily accept and assume the risks or dangers inherent, identifiable and/or unforeseen in a Club Program offered by BGC Foothills Clubs, including personal injury and property loss, except in the case of negligence as defined by law on the part of BGC Foothills Clubs.

I give my informed consent to the terms and conditions of this document.

Participant's Full Name:

Signature of Parent/Legal Guardian (if participant is under 18 years):

Address:

Phone Number:

Dated at:

(month/date/year)



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YOUTH CODE OF CONDUCT

- I will not use drugs, tobacco, or alcohol on the premises of the Youth Program.
- I will demonstrate good citizenship and cooperate with BGC Foothills Clubs staff and volunteers.
- I will always be courteous and respectful of adults and fellow participants.
- I will not use profanity or vulgar language. Swearing will not be tolerated.
- I will obey the general rules of the facility.
- I will be respectful of the personal property of others.
- I will be respectful of the Youth Program facilities and use the Youth Program equipment in the manner intended; any destruction will be considered vandalism.
- I understand that if I am uncooperative and fail to act in an appropriate manner, I will be asked to leave the premises.
- I understand the Youth Program **No Tolerance Policy** and the consequences of not abiding by it.
- I will clean up any mess that I make.
- I have read the Youth Program Code of Conduct and agree to abide by it.

| □ Yes | □ No | | | |
|-----------|-----------------|------------------------|----------------------------|--|
| | _,• | Participant Initial | Parent/Guardian Initial | |
| Signature | of Participant | | Date | |
| Name of F | Parent/Guardian | | Contact Number | |
| Signature | Parent/Guardian | | Date | |



Parent/Guardian Signature

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Parent/Guardian Code of Conduct

The purpose of the Parent/Guardian Code of Conduct is to provide a mutual understanding regarding conduct expectations. BGC Foothills Clubs staff are committed to providing a caring and supportive environment for all families by acting with integrity and holding themselves to the highest standard of ethical conduct. We recognize the importance and value of a mutually supportive and respectful relationship between the staff and parents/guardians. Parents/guardians play an important role by supporting the efforts of the staff in maintaining a safe environment when they follow protocols. BGC Foothills Clubs prohibits the following behaviours:

- Unsatisfactory attempt to resolve an issue using the conflict resolution steps.
- A participating child/youth's inappropriate behaviours which cause a risk to themself and/or other participants continually, even after supportive care plan meetings with BGC Foothills Clubs management staff.
- Abuse and harassment of any kind towards BGC Foothills Clubs employees and volunteers will not be tolerated.
- Parents/guardians that choose to air grievances in the public domain and have not sought direct communication with a Program Director for clarity and/or conflict resolution.
- Parents/guardians that choose to post grievances and criticism publicly on social media that disparages the reputation of BGC Foothills Cubs or its employees, volunteers will not be tolerated.

Anyone not respecting the above guidelines may be suspended from program registration and/or asked to leave BGC Foothills Clubs premises and/or have services terminated. In less severe situations, where remediation is viable, a warning will be provided, either verbally or in writing.

| If BGC Foothills (| Clubs plans to terminate service, communication to the family will be made to the family |
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| by the Program S | Supervisor, via email or phone call. Additionally, a detailed note regarding the |
| ermination will b | pe placed in the membership file. |
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| | |
| | |

Date