



Facility:	Gibson Neil Elementary	67 Wyngate Drive	472-5112
Member Information			
Child's Name:		Home Phone:	
Birth date (d/m/y) / /	Age:	Grade:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address:			
Medicare #:		Family Doctor:	
Guardian Information			
Parent/Guardian #1:		Relationship:	
Phone #'s	Home:	Work:	Other:
Email:			
Parent/Guardian #2:		Relationship:	
Phone #'s	Home:	Work:	Other:
Email:			
Emergency Contacts (we must be able to get in touch with someone at all times)			
Contact #1:		Relationship:	
Phone #'s	Home:	Work:	Other:
Contact #2:		Relationship:	
Phone #'s	Home:	Work:	Other:
Additional Information			
To better assist us with meeting your child's needs, are there any areas of their physical, behavioral or emotional well being that we should be aware of? – to be kept confidential (attach separate information if necessary)			
Any allergies? (Please indicate all relevant information and attach separate information if necessary)			
Emergency Transportation Policy: If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I(we) authorize the operator, administrator or staff of Fredericton Boys' and Girls' Club, Inc. to take whatever emergency measures are necessary for the protection of (our) my child while in their care. I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my(our) child to a hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.			
By signing below you are indicating that you are registering your child in a Fredericton Boys' and Girls' Club Program and that you have read and agree to the information on this form. In consideration of the Fredericton Boys' and Girls' Club Inc. accepting the above minor as a member and/or permitting him/her to enjoy the facilities of the said, the undersigned parent or guardian on behalf of himself/herself and on behalf of the minor applicant, do waive and release each and every right or claim for negligence we and each of us have or may have against the Fredericton Boys' and Girls' Club Inc. its agents, employees, servants or representatives for all and any injuries, accidents or mishaps occasioned by or to above named minor while participating in the activities of or in the care of the said Fredericton Boys' and Girls' Club, Inc.			

* This program is closed when there is no school.

* Parents/Guardians are responsible for reviewing the information form to ensure they understand program information.

Signature of Parent/Guardian: _____

Date: _____



Boys & Girls Club
of Fredericton

A good place to be

Fredericton Boys' and Girls' Club Inc. Media Consent Form – CHILD/YOUTH

Name of Child/Youth: _____

Dear Parent or Guardian,

Your child may participate in an event or activity run by the Fredericton Boys and Girls Club Inc. where photos, video or audio of Club members may be taken for promotional/educational/fundraising purposes. Please read this Media Consent Form carefully and indicate below your permission.

SECTION 1 – CHILD/YOUTH (18 YEARS OR UNDER) MEDIA CONSENT

* I hereby give Fredericton Boys and Girls Club Inc.(FBGC) consent to use and reproduce my child's/youth's (print name of child/youth) _____ first name/image for promotion purposes related to FBGC 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 FBGC, and/or external partners. I release FBGC and its agents from any and all claims, of any nature, based on any uses of the above.

- I Accept
 I Decline

I certify that I am over 18 years of age and am under no legal or contractual disability to grant the rights and license above.

Print name: _____

Parent/Guardian Signature

Date

SECTION 2 - CONFIDENTIALITY CONCERN

* If you have a safety concern regarding your child/youth and **do not** want your child's name/image used for the purposes stated above, please indicate here: I Decline

Child's/Youth's Name

Date

*** Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.**