



| Member Information | | |
|--|--------|---|
| Youth's Name: | | Medicare #: |
| Birth Date (dd/mm/yy): | | Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> |
| Youth Email: | | |
| Home Address: | | |
| School: | Grade: | School language of instruction: |
| Primary language spoken at home: | | |
| Does a parent/guardian serve in the Canadian Armed Forces? YES NO | | |
| Parent/Guardian Information | | |
| Parent/Guardian #1: | | Relationship: |
| Phone Numbers: | | |
| Email: | | |
| Parent/Guardian #2: | | Relationship: |
| Phone Numbers: | | |
| Email: | | |
| Emergency Contact (other than Parent/Guardian) | | |
| Contact #1 | | Relationship: |
| Phone Numbers: | | |
| Additional Information | | |
| Preferred method of contact (please circle one): EMAIL or PHONE | | |
| Are there any specific courses or academic subjects to be worked on with tutors? | | |
| Preferred night to attend Raise the Grade? | | |
| Any medical/health related issues or allergies? | | |
| Additional comments: | | |

Signature of Parent/Guardian: _____ Date: _____



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.**



Screening Declaration to be completed ONLY ONCE by parents prior to their youth attending the program.



Parental Confirmation and Acknowledgement of Screening Responsibility

I, _____ (name of parent/guardian) hereby acknowledge that I understand my responsibilities for the screening of my youth for COVID-19 symptoms prior to bringing my youth/allowing my youth to attend the **Fredericton Boys and Girls Club** Raise the Grade Program.

I understand that bringing/sending my youth to the above-named facility signifies that I take full responsibility and attest that all questions in the screening questionnaire were answered with a “no”. In addition, I have fully read and understand the Operational Plan adapted by the Fredericton Boys and Girls Club.

(parent signature)

(witness)

Date: _____