

2024 - 2025 Membership Application Youth Programs



Last Name:		First Name:	
Preferred Pronouns:		Address – Street no. – Apt - City/Town	
Youth Telephone (if applicable):		Postal Code:	
Date of birth (day/month/year)		Youth email (if applicable)	
School Name	Gender Identity	Grade	Age

Family Information:

Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
Parent/Guardian 1 (last name and first name)		Parent/Guardian 2 (last name and first name)	
Telephone		Telephone	
E-mail Address		E-mail Address	

Emergency Contact (other than parent/guardian) & Pick-Up Privileges:

Name	Relationship to Child	Phone

Additional Information:

Does your child have any allergies, medical conditions or special needs?
Epipen Location (if applicable)

I, the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in the BGC Southeast's programs. I acknowledge that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the above named child is safe from further injury. I am aware of no physical or other reasons why this child should not participate in club programs and related club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the Member, or the Club, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, I am accepting the risk that my child may be injured. BGC Southeast does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the BGC Southeast, allowing this child to participate in club programs, I agree to waive and release BGC Southeast, its employees, volunteers, directors and agents from all claims for damages, injury or loss that may arise as a result of my child's participation in programs. I will impress upon the child the importance of following club rules, regulations and instructors directions. _____ **Initial**

I am aware that my child may have his/her photograph taken by staff or local media and may appear in a variety of media sources on behalf of the BGC Southeast. _____ **Initial**

IF YOU DO NOT WANT YOUR CHILD'S PICTURE TAKEN PLEASE CHECK THE FOLLOWING BOX:

BGC Southeast reserves the right to remove any child from any program to ensure the safety and well-being of other participants, should we deem it necessary. No refund will be granted under these circumstances _____ **Initial**

Independant Arrival/Depart & Transportation Waiver

I acknowledge that my child (children) may be participating in an activity, trip or event organized by BGC Southeast. I am aware that the participation of my child (children) is outside the scope of their daily routine. I give permission for my child (children) to travel by foot, BGC Southeast Van, or Bus to the desired destination. I confirm my understanding that my child(ren) is not under the care of the program or their staff while independently travelling to or from the program site. Therefore, I will not hold the program responsible for the well-being of my child(ren) outside of their physical presence within the program. _____ **Initial**

Signature of Parent/Guardian _____

Date: _____