

# YOUTH MEMBERSHIP APPLICATION



**Boys & Girls Club  
of Niagara**

A good place to be

20 Lewis Street  
Fort Erie, ON L2A 5M9  
T: 905.871.2592 F: 905.357.7401  
E: club@boysandgirlsclubniagara.org  
W: www.boysandgirlsclubniagara.org

## CLUB USE ONLY

New       Single       Shelter  
 Renewal       Family       Satellite  
 Satellite location: \_\_\_\_\_  
 Memb. No.: \_\_\_\_\_  Subsidy  
 Receipt No.: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
dd/mm/yy  
 Membership Card provided

01-05-02

### PART 1 MEMBER INFORMATION Please print (\* Required information)

Last Name \* \_\_\_\_\_ First Name\* \_\_\_\_\_  
 Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_  
 Phone Number\* \_\_\_\_\_ E-mail \_\_\_\_\_  
 School\* \_\_\_\_\_ Grade\* \_\_\_\_\_

Date of Birth (DD/MM/YY)\* \_\_\_\_\_ Age \* \_\_\_\_\_  
 Female\*       Allergies       Medications  
 Male\*       Disability       Health Problems  
 Family Doctor\* \_\_\_\_\_ Dr. Phone Number\* \_\_\_\_\_  
 Doctor's Address \_\_\_\_\_  
 Health Card Number\* \_\_\_\_\_

### PART 2 FAMILY INFORMATION \* (If address/phone number is same as child's, please write SAME in these fields.)

Parents' Marital Status       Single       Married       Separated       Divorced       Widowed  
 Primary Residence of Child       Mother       Father       Both       Other \_\_\_\_\_  
 Type of Custody       Joint       Sole

MOTHER       Other \_\_\_\_\_  
 FATHER       Other \_\_\_\_\_

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_  
 Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_  
 Phone Number\* \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Address \_\_\_\_\_  
 Work Number\* \_\_\_\_\_ Cell Number \_\_\_\_\_

### PART 3 EMERGENCY CONTACT INFORMATION (Other than parents)

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_  
 Relationship to Child\* \_\_\_\_\_  
 Phone Number\* \_\_\_\_\_ Cell Number \_\_\_\_\_

### PART 4 PERMISSION INFORMATION \*

My child has permission to use Club TRANSPORTATION.  
 My child has permission to leave the Club WITH STAFF SUPERVISION.  
 My child has permission to leave the Club UNSUPERVISED.

Date\* \_\_\_\_\_  
 Parent/Guardian Signature\* \_\_\_\_\_

Please see over →

CONSENT FOR COLLECTION, USE, AND DISCLOSURE OF INFORMATION

Yes **By selecting "Yes,"** I consent to the collection, use, and disclosure of my personal information during the course of my or my child's membership/services for the purposes set out in the *Boys and Girls Club of Niagara Privacy Policy*

No

**By selecting "No,"** I consent to the use of my personal information only for the purpose of permitting the Boys and Girls Club of Niagara to communicate with me.

Yes I consent to my **contact information** being published in Web or print directories produced by the Boys and Girls Club of Niagara and/or its Branches.

No

Yes I consent to my **child's name and pictures** being published in Web or print directories for publicity produced by the Boys and Girls Club of Niagara and/or its Branches.

No

**Please note: Membership fees are non-refundable.  
Incomplete applications are not able to be processed.**

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
Parent/Guardian Signature\*