



### Boys & Girls Clubs of Thunder Bay Membership Form

<http://tbayboysandgirlsclub.org>

270 Windsor Street  
Thunder Bay ON P7B 1V6  
Phone: 807-623-0354  
Fax: 807-622-5000

420 Vale Ave.  
Thunder Bay ON P7C 5E7  
807-577-2290

Fee: \$10/year per child  
or \$25/year per family  
(3 siblings or more)

#### Member Information

yyyy / mm / dd

<b>1. Child's Name:</b>		<b>Birthdate:</b> yyyy / mm / dd	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Health Card:</b> XXXX XXX XXX AA	<b>School:</b>	<b>Grade:</b>
Medical issues (medications, allergies, etc.):			
Behavioural problems (if any):			
<b>2. Child's Name:</b>		<b>Birthdate:</b> yyyy / mm / dd	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Health Card:</b> XXXX XXX XXX AA	<b>School:</b>	<b>Grade:</b>
Medical issues (medications, allergies, etc.):			
Behavioural problems (if any):			
<b>3. Child's Name:</b>		<b>Birthdate:</b> yyyy / mm / dd	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Health Card:</b> XXXX XXX XXX AA	<b>School:</b>	<b>Grade:</b>
Medical issues (medications, allergies, etc.):			
Behavioural problems (if any):			

#### Parent / Guardian Information

<b>Guardian's name:</b>		<b>Relationship to child:</b>	
<b>Address (including postal code):</b>	<b>Home phone:</b>	E-mail:	
	Cell phone:	Employer:	
	Work phone:	Occupation:	
<b>Guardian's name:</b>		<b>Relationship to child:</b>	
<b>Address (including postal code):</b> <input type="checkbox"/> same as above	Home phone:	E-mail:	
	Cell phone:	Employer:	
	Work phone:	Occupation:	

(turn over)

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**Emergency contact**

The emergency contact **MUST BE SOMEONE OTHER THAN THE PARENTS/GUARDIANS** already listed. Please note that we will always call all parents/guardians' home, cell, and work numbers first.

<b>Emergency Contact name:</b>	<b>Phone:</b>	<b>Relationship:</b>

**Others Authorized to pick up my Child(ren):**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

My child(ren) **DOES NOT HAVE PERMISSION TO WALK HOME** and **WILL BE PICKED UP** after each program period.

**Family doctor**

Doctor name:	Phone:
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**Income information (optional)**

Please note this information greatly assists us in providing aggregate statistical data for funding purposes. As all the other information provided, it is held in the strictest confidence.

Do you receive social assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family income: <input type="checkbox"/> under \$25,000 <input type="checkbox"/> \$25,001-\$40,000 <input type="checkbox"/> \$40,001-\$55,000 <input type="checkbox"/> over \$55,000
Are you currently receiving Employment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently receiving disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I have read the completed application, understand the rules of the Boys & Girls Clubs of Thunder Bay and request that my son(s)/daughter(s) be admitted into membership. I have explained the Code of Behaviour to my child and agree that the Boys & Girls Clubs of Thunder Bay will not be responsible for any accident to the boy/girl while on the Boys & Girls Clubs of Thunder Bay premises, or while engaged in any of its activities away from the Boys & Girls Clubs of Thunder Bay. I give my consent for photographs in which my son(s)/daughter(s) may appear, to be used for promotional purposes for the Boys & Girls Clubs of Thunder Bay. I understand that violations of the Code of Behaviour may result in loss of membership.

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

<b>Staff Use Only</b>	Windsor <input type="checkbox"/> Vale <input type="checkbox"/> Outreach <input type="checkbox"/> Breakfast Club <input type="checkbox"/> Summer Program <input type="checkbox"/> Other
Expiry Date: YYYY / MM / DD	Paid: <input type="checkbox"/> Initials: _____ In Database: <input type="checkbox"/> Initials: _____
Receipt numbers:	