



Windsor Unit
270 Windsor St
Thunder Bay, ON
P7B1V6

BGC Thunder Bay Membership Form

\$10 / year or \$25 for a Family of 3 or more

Vale Unit
420 Vale Ave
Thunder Bay, ON
P7C 5E7

Member Information

yyyy / mm / dd

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

Parent / Guardian Information

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

(turn over)

BGC Membership Form



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.

Emergency Contact name:	Phone:	Relationship:

Others Authorized to pick up my Child(ren):

Name:	Phone:	Relationship:

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 BGC 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 BGC Thunder Bay will not be responsible for any accident to the boy/girl while on the Club premises, or while engaged in any of its activities away from BGC Thunder Bay. I give my consent for photographs in which my son(s)/daughter(s) may appear, to be used for promotional purposes for BGC Thunder Bay. I understand that violations of the Code of Behaviour may result in loss of membership.

Signature of Parent/Guardian _____ **Date:** _____

Staff Use Only	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:		