



Boys & Girls Club  
of London



## SPECIALTY BGCL CAMP for **Ages 4-12** **SCHOOL STRIKES**

184 Horton Street London, ON N6B 1K8  
Tel: (519) 434-9114 Fax: (519) 434-7306  
[www.bgclondon.ca](http://www.bgclondon.ca)

**BGC - 68 Spaces. Snacks and Lunch are included**  
**Kidscape - 30 Spaces. Snacks and Lunch are included**  
**Cost: Members \$50/day Non-Members \$53/day**

**BGC SITE: 184 Horton St.** ☐

**KIDSCAPE SITE: 1828 Blue Heron Drive** ☐

\_\_\_\_\_  
**Child's First Name** **Middle Name** **Last Name**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ☐ Female ☐ Gender X ☐ Home Phone: \_\_\_\_\_  
DD/MM/YY

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_  
**Name Relationship Cell #**

Parent/Guardian 2: \_\_\_\_\_  
**Name Relationship Cell #**

Emergency Contact & Adult Pick up Information Individuals who are ALLOWED to pick up my child

\_\_\_\_\_  
Name and Relationship to Child 1<sup>st</sup> Phone number: \_\_\_\_\_ 2<sup>nd</sup> Phone number: \_\_\_\_\_

\_\_\_\_\_  
Name and Relationship to Child 1<sup>st</sup> Phone number: \_\_\_\_\_ 2<sup>nd</sup> Phone number: \_\_\_\_\_

**I understand all authorized adults who pick up my child must present government issued identification to BGCL staff.**

Individuals who are NOT allowed to pick up my child: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Dietary Needs / Medications / Health Concerns / Exceptionalities that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**Swimming will not be available to campers on strike days due to lifeguard and pool availability.**

**I do not give permission for my child's picture to be taken by the Boys & Girls Club of London for promotional purposes.** ☐

### Age Policy

The camper's age the week they are attending camp is their registered age.

### Payment of Fees

Full payment must be received at the time of registration. We accept VISA, MasterCard, Debit, and Cash.

### Registration Deposit / Changes / Camp & Refund Policy

IF THE STRIKE DOES NOT OCCUR AND CAMP IS CANCELLED, ALL FEES ARE FULLY REFUNDED WITH NO PENALTY. A \$25.00 non-refundable Registration Deposit applies per camper (Only for City Subsidy / Ontario Works Clients), after that to receive a refund, all changes and cancellations must be submitted in writing at least one week prior to the campers start date & \$15 Administration fee will be charged for Cancellations or Changes per child per cancellation notice. A \$35 fee applies to NSF Cheques.

### AUTHORIZATION - Registration will not be processed without a signature below.

In registering the child named in this form to attend BGCL Camp, I, the undersigned parent/guardian or other duly authorized party, hereby agree as follows: **1.** To permit my child to participate in the full range of BGCL Camp activities and authorize the BGCL Camp Staff, in the event of accident, injury or illness affecting the above named camper to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may seem essential for the care and well-being of the said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made.



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**2.** I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold the Boys & Girls Club of London, Boys & Girls Club of London Foundation or any of its employees responsible in the event of an injury to my child. **3.** I understand and agree to the Boys & Girls Club of London's Day Camp Policies stated above.

**PLEASE NOTE:** Promotional Material: The BGCL reserve the right and permission to publish, reproduce, distribute and/or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of the BGCL. The BGCL shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product.

**GENERAL WAIVER:** I, the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in the Boys & Girls Club of London'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. To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. By choosing to take part in this activity, I am accepting the risk that my child may be injured. The Boys & Girls Club of London and the Boys & Girls Club of London Foundation does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the Boys & Girls Club of London allowing this child to participate in club programs, I agree to waive and release Boys & Girls Club of London, Boys & Girls Club of London Foundation, its employees, volunteers, directors and agents (the "Releasees") from all claims for damages, injury or loss that may arise as a result of my youth participation in programs, including those arising from the Releasees own negligence (i.e. a failure to take reasonable care). I will impress upon the youth the importance of following Club rules, regulations and instructors directions.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Please select and mark which School Board the registration applies to:**

Feb. 4th, 2020 THAMES VALLEY DISTRICT SCHOOL BOARD	Feb. 4th, 2020 LONDON DISTRICT CATHOLIC SCHOOL BOARD	Feb. 6th, 2020 THAMES VALLEY DISTRICT SCHOOL BOARD	Feb. 6th, 2020 LONDON DISTRICT CATHOLIC SCHOOL BOARD	Feb. 6th, 2020 CONSEIL SCOLAIRE VIAMOND (French Lang.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BGC SITE: 184 Horton St. ☐

KIDSCAPE SITE: 1828 Blue Heron Drive ☐

**Cost: Members \$50/day Non-Members \$53/day**

**Drop off is between 8:00 – 9:00 a.m. and pick up is between 4:00 – 5:00 p.m.**

**Extended care before and after are available for \$3.00/per morning (7:30am) or per evening (5:00 - 5:30pm).**

### OFFICE ONLY

Tues. Feb. 4th <input type="checkbox"/> Early <input type="checkbox"/> Late <input type="checkbox"/>	Amt Paid: _____ Pd. by: _____ Staff: _____ Deposit: _____ Rcpt. # _____
Thurs. Feb. 6th <input type="checkbox"/> Early <input type="checkbox"/> Late <input type="checkbox"/>	Amt Paid: _____ Pd. by: _____ Staff: _____ Deposit: _____ Rcpt. # _____