



BOYS & GIRLS CLUB OF EAST SCARBOROUGH  
 100 GALLOWAY ROAD  
 Scarborough, Ontario M1E 1W7



TEL: (416) 281-0262  
 FAX: (416) 281-0458  
 WEB: www.esbgc.org

## Youth Leaders – Registration Form

### Youth Information

First Name	Middle Name	Last Name	
Address	City	Province	Postal Code
Date of Birth: (DD/MM/YY)	Home/Cell Phone: (    )		
Name of School Applicant is attending:			Grade:
Active e-mail address (youth):			

### Youth Medical History

Medical Conditions/Allergies _____	Health Card Number _____
Name of Physician: _____	Telephone #: (____) _____

### Parent/Guardian Information

<i>Parent</i>	First & Last Name	Tel# (H/CW)	Email:
	First & Last Name	Tel# (H/CW)	Email:
<i>Guardian</i>	<i>If applicable, please provide the following information</i>		
	First & Last Name	Tel# (H/CW)	Email:

### Emergency Contact

Name	Home Phone #	Cell Phone #	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

The Information collected in this section is voluntary and for statistical purposes only.

Please check if you are:     Person with disability     Member of Ethno-specific community. (please specify) \_\_\_\_\_

Language Spoken: \_\_\_\_\_

I, the parent/guardian (or the above named person in the case of those members over the age of 18) of the above named person waive any claim on the Corporation of the City of Toronto, East Scarborough Boys & Girls Club (Boys & Girls Club of East Scarborough), its volunteers and staff of any liability for injury, loss or damage of his/her property, while involved in any activity or as a representative of the above named corporations to obtain emergency medical treatment if necessary. I also recognize the right to membership depends on the applicant's respect for all program policies, equipment, properties, staff and volunteers.

Personal information gathered by the Boys & Girls Club of East Scarborough is kept in confidence. Club personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained.

I authorized a representative of the East Scarborough Boys and Girls Club to obtain emergency medical treatment, if necessary. Every effort will be made to contact the parent/guardian first.

I authorize photographs and other media in which I (or my child) appear, to be used by the Boys and Girls Club of East Scarborough.

Parent/Guardian Signature

Date



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Participant Signature

Date

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Please answer the following questions in the space provided – can be in point form

1. Why are you interested in this leadership program?


2. How do you think this program will benefit you?


3. If you had the opportunity to do a placement/volunteer work, where would you be interested in working? What type of job experience?


4. What skills or special interests do you have?


5. Please check off which weeks you would like to register for

Week 1 – July 5 – 9	<input type="checkbox"/> \$30	Week 2 – July 12 – 16	<input type="checkbox"/> \$30	Week 3 – July 19 – 23	<input type="checkbox"/> \$30	Week 4 – July 26 – 30	<input type="checkbox"/> \$30
Week 5 – August 3 – 6	<input type="checkbox"/> \$24	Week 7 – August 9 – 13	<input type="checkbox"/> \$30	Week 8 – August 16 – 20	<input type="checkbox"/> \$30	All 8 weeks -	<input type="checkbox"/> \$195
Total Number of weeks -		Total Amount Owing -					



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### MEDICATION AUTHORIZATION

I authorize the distribution of \_\_\_\_\_

(Medication)

to my child by the East Scarborough Boys and Girls Club staff.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Using the following instructions:

Dosage: \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

Storage: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Stop medication if the following reaction(s) is observed:

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

I the parent/guardian (or the above named person in the case of those members over the age of 18) of the above named person waive any claim on the Corporation of the City of Scarborough, the Corporation of the City of Toronto, The Boys & Girls Club of East Scarborough, and their volunteers and staff of any liability for injury, loss and/or damage to his/her property, while involved in any activity. I also authorize a representative of the above named corporations to obtain emergency medical treatment, if necessary. An attempt will be made to contact the parent(s)/guardian(s) first. I also recognize the right to membership depends on the applicants respect for all program policies, equipment, properties, staff and volunteers. I give full consent for photographs and film images in which he/she may appear, to be used in the promotion of the Boys and Girls Clubs of East Scarborough, Ontario and Canada.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Club Member's Signature

\_\_\_\_\_  
 Date

**TO BE SIGNED BY PARENT OR LEGAL GUARDIAN**