



Bashaw Youth Foundation  
P.O. Box 255  
Bashaw, AB, T0B 0H0  
(403) 373-2706  
Info.bashawyouthcentre@gmail.com

## MEMBERSHIP FORM

(One form per child)

### Identification

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

### Emergency Contact Information

Please give an alternate person(s) to contact in case of an emergency. Include name, phone number and relationship to child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Health Problems (i.e., asthma, heart disorder) \_\_\_\_\_  
\_\_\_\_\_

If neither I nor my emergency contact person can be reached, I hereby consent to allow the staff of the Bashaw Youth Foundation, whether employed or volunteer, to contact a physician and/or arrange to transport my child to the nearest medical facility in case of an emergency.

Parent Signature \_\_\_\_\_

I hereby give my permission for the above-said staff to administer/perform medical emergency procedures (i.e. First Aid and CPR) and take action as necessary for the health and well-being of my child. I understand that I will be responsible for all medical expenses.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinators Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Dear Parents/Guardian(s),

The Bashaw Youth Foundation requires this free membership package to be filled out by all the Parents/guardians of all youth attending the Youth Centre. For your child's protection and safety, please complete the information sheet provided and return it to the Youth Centre as soon as possible.

The Bashaw Youth Foundation is establishing policies and procedures for your child's safety and for the Youth Centre's daily operations. To allow staff and volunteers to be aware of who is always in the center, please ensure your child knows they must sign in upon entering the building.

It is our recommendation that all children aged 6 and under be always accompanied by an adult (18+) while in the Centre. Also, all children grade five and under must vacate the Centre at six p.m. unless accompanied by an adult (18+).

The Bashaw Youth Centre is a **drop-in** facility; cannot be responsible for your child if s/he leaves the building. Please arrange a pick-up time with your child and enforce them to remain at the center until that time. We will try to the best of our abilities to make sure your child remains in the facility if these arrangements have been made, but ultimately, we cannot be held responsible.

I, \_\_\_\_\_ (Parent name) understand the abovementioned, and as such the Bashaw Youth Foundation cannot be held responsible if my child chooses to leave the premises.

I acknowledge that my child's choice to participate in the activities at the Youth Center brings with me an understanding by me of the risk or result stemming from these choices. I accept that the staff or volunteers of the Bashaw Youth Foundation whose skills and abilities will vary according to their training are not held responsible for any injuries because of these choices.

**The risks may include but are not limited to, bodily injury, death, property damage to your child, and/or others while in the Youth Center.**

I acknowledge that I have been informed of any inherent risks connected to these activities. I declare I have read, understood, and agree to the contents of this consent agreement in its entirety.

Parent/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return the following along with your child's information sheet.



*Bashaw & District Support Services*  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



## RELEASE OF LIABILITY-CLIENT CONSENT

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I, \_\_\_\_\_, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/children or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any attendance at *Bashaw & District Support Services/Bashaw Youth Foundation (BDSS/BYF)* or participation in *BDSS/BYF* programming. On my behalf, and on behalf of my children. I hereby release, covenant not to sue, discharge, and hold harmless *BDSS/BYF*, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of *BDSS/BYF*, its employees, agents, and representatives.

### Social Media Policy

As a program we understand the importance of utilizing social media for the promotion of our programs but want to ensure we are safeguarding the rights and privacy of the families, staff and children. *BDSS/BYF* and its programs will use the following social media sites to communicate with the community, families, and staff: Facebook, Instagram, and Snapchat. Posts will be related to projects and activities in which the children are participating, relevant news or articles, and upcoming events.

The Program Managers will supervise the social media sites. They will control the content of posts, ensuring they are consistent with the values and beliefs of the programs. Any posts or comments that are found to be inappropriate will be deleted immediately and the offending user will be reported and blocked from the site.

Staff in the program must be aware of the programs' policies and practices surrounding social media. At no time should an individual's personal page be used to talk in a negative manner about the programs or any of the staff, families, or children.

Participants are not permitted to post any photos taken in the program, other than those of their own. All parents must indicate on the programs' consent form whether they give approval for the program to use the child/children's images on individual social media sites.

The program will welcome feedback from families, staff, and the community on the effectiveness and content of the sites. Any grievance or feedback will be documented in writing and responded to by the Program Manager.

\_\_\_\_\_ No Photos/Social Media

\_\_\_\_\_ Yes Photos/Social Media

Print Name of Participant: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

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