PLEASE COMPLETE USING DARK BLUE OR BLACK INK ONLY! IF EMAILING TO CLUB ONLY GOOD QUALITY SCANS WILL BE ACCEPTED – NO PICTURES!

BGC Yorkton Membership Form

Youth Name: _____ **Date of Birth (m/d/yr):** _____

Gender: male/female/prefer not to say/other_____

Saskatchewan Health Number: _____

Parent/Guardian Names: _____

BGC YORKTON PARTICIPANT WAIVER OF LIABILITY

BGC Yorkton takes the safety of all youth registered in our Club very seriously and will take every precaution it possibly can in order to ensure the safety of youth. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, BGC Yorkton, its employees/volunteers or the facility where the service is taking place. By choosing to take part and to register with the BGC Yorkton, you are accepting risk that injury may occur. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your youth with any necessary safety equipment such as proper shoes, clothing etc.

☐ I consent to have my youth receive services from the BGC Yorkton and am registering my youth voluntarily. The consent will remain in effect for the duration of membership at the BGC Yorkton. I understand and agree to receive the program services delivered as part of BGC Yorkton and any programs, services or activities I register my youth in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

ACKNOWLEDGEMENT

The above-named youth has permission to participate in program activities or services as planned by the BGC Yorkton that I have registered my youth in. I waive my legal rights against the BGC Yorkton for any loss, injury or damage suffered during or by reason of participating in **all events, programs, services and activities scheduled while my youth is in the program.** I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

Parent/Guardian Signature _____

Date (mm/dd/yyyy) _____

MEDIA RELEASE

☐ I DO give permission for my youth to appear in photographs, video and/or audio that may be used in the promotional materials of BGC Yorkton. My youth's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by BGC Yorkton, BGC Canada and/or external partners. **No last names will ever be used in association with my youth's image without written permission by myself.**

I give permission to BGC Yorkton to use any image taken during a BGC Yorkton program, activity, service or event for any of the purposes as described above.

☐ I DO NOT give permission for myself/my youth to appear in photographs, video and/or audio.

Parent/Guardian Name (printed): _____

Signature: _____ Date (mm\dd\yyyy): _____

By completing and returning this signed membership form I acknowledge that my youth is an official Member of the BGC Yorkton and that they are now entitled to all Membership benefits, including registration in programs, activities, services and events.

.

CEO Signature: _____

**Youth age 16 and over may complete this Membership Form on their own behalf*