



St. Alban's  
Boys & Girls Club  
A good place to be

## 2010/2011 Membership Registration

Memberships are valid from September 1-August 31  
*All personal information provided is held in confidence  
by the Club in accordance with our Privacy Policy.*

**Circle One**

Child (0-5) Free	Child (6-12) \$20	Youth (13-20) \$5	Adult (21+) \$20	Family (3+ children) \$65
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First Name	Last Name	Membership#
Address		Postal Code
Phone (home)	(work)	(cell)
Member's email		
Health Card#	Birth Date (mm/dd/yy)	Gender
School (of child/youth member)	Grade	

**Parent/Guardians of Child/Youth**

Parent/Guardian #1 Name	email
Phone (home)	(work) (cell)
Parent/Guardian #2 Name	email
Phone (home)	(work) (cell)

**Emergency Contact**

Name	Relationship to Member
Phone (home)	(work) (cell)

**Medical Information**

Doctor's Name	Phone
Allergies/Limits to Participation Yes No Please list:	

*All memberships are non-refundable. St. Alban's reserves the right to cancel memberships and/or eject members from programs and Club property.*

I \_\_\_\_\_ agree that I will hold harmless and indemnify the Corporation of the City of Toronto and the St. Alban's Boys' and Girls' Club, including all staff, volunteers and Board members from and against all action, suits, claims and demands which may be brought against or upon the Corporation of the City of Toronto and St. Alban's Boys' and Girls' Club, as a result of any injury sustained by myself or my child while I or my child is a participant in any program operated by said Club.

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PHOTO RELEASE: I understand that photography/film/video may be used in the promotion and programs of the St. Alban's Boys' & Girls' Club. It may be published or used for any application in newspapers, films, television commercials, posters etc. or otherwise displayed to the public, or used for other educational/fundraising purposes either in whole or in part by the St. Alban's Boys' & Girls' Club. Also, I fully acknowledge that my services have been donated and I hereby waive any fees or payments.

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

OFFICE USE ONLY		
DATE:	AMOUNT PAID	STAFF INITIALS