



St. Alban's Boys and Girls Club
Satellite Location Registration
 STARS Program 2018/2019 School Year

Application must include 2018/2019 membership form & payment

Child's Name: _____

Grade: _____

Location:

- McMurrich
- Regal Road
- Kensington (circle pick up school: Kensington Lord Lansdowne Da Vinci)
- Rawlinson

Day(s) required –please circle: Please note, you will be charged for days registered, not days attended.

Monday Tuesdays Wednesday Thursday Friday

Requested start date (circle one):

First day of school or Later Date: _____

Authorized to pick up child (other than parents):

NAME	RELATIONSHIP	CONTACT NUMBER
1.		
2.		
3.		

Is the participant allowed to leave the program unaccompanied by an adult when the program is over?

Parent/Guardian Signature

Date



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

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.

Membership fee: \$20

Child's information

First Name	Last Name	
Health Card#	Birth Date (mm/dd/yy)	Gender

Parents/Guardians of Child

Parent/Guardian #1 Name	email	
Address	City	Postal Code
Phone (home)	(work)	(cell)
Parent/Guardian #2 Name	email	
Address (leave blank if same as above)	City	Postal Code
Phone (home)	(work)	(cell)

Emergency Contact (other than a parent/guardian – Club will always attempt to reach parent/guardians first)

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:

PAID

STAFF INITIALS