

Membership Information Form



Albion Boys and Girls Club
A good place to be

Albion Boys and Girls Club
21 Panorama Court Suite 14
Toronto, ON M9V 4E3

P: (416) 746-9143

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Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:*

Male Female

Address:*

(Line 1)

(Line 2)

(City)

(Province)

Address Type:*

Home

Work

Phone Number:*

() -

Phone Type:*

Home Work

Family Size:

E-Mail Address:*

E-Mail Type:*

Home Work

Employer:*

Job Title:*

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:*

Last Name:*

Birth Date:*

/ /

Gender:*

Male

Female

Membership Type:*

___ Annual Membership

School:*

Grade:*

Check all that Apply:

- Social Assistance
- Mother's Allowance
- Family Benefits

Member Medical Information (Please Print)

Insurance Company:

Canadian Health Care Number:*

Medications:*

Medical Problems/Allergies:*

Physician:*

Physician Phone:*

Disabilities:

Hospital:

Hospital Phone:

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

- Home Work
- _____

Acquaintance

Emergency Contact

Primary Emergency Contact

Lives With Member

2.) First Name:

Last Name:

- Home Work
- _____

Acquaintance

Emergency Contact

Primary Emergency Contact

Lives With Member

The Albion Boys and Girls Club also uses the following fields to learn more about your child.

Please check one item from each group below.

Can swim: ___ No
___ Yes

Extended Hours: ___ No
___ Yes

Membership fee paid: ___ No:
___ Yes:

Subsidy: ___ 100% subsidy
___ 25% Subsidy
___ 50% subsidy
___ 75% subsidy
___ No subsidy

Walks home alone: ___ No:
___ Yes:

I have read the completed application, understand the rules of the Albion Boys and Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Albion Boys and Girls Club will not be responsible for any accident to the boy/girl while on the Albion Boys and Girls Club premises or while engaged in any of its activities away from the Albion Boys and Girls Club. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Albion Boys and Girls Club may care to use them.

Parent or Guardian Signature

Member's Signature

Date

