



# Vale Membership Information – Rec Desk

**Head of Household**

**Fee \$10/ year** (Sept – Aug)

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## Primary Parent’s Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_ (please print clearly)

Primary Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

## Emergency Contact or other Parent

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Child’s Information (2 children from same household)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Health Card \_\_\_\_\_

Member Notes (disabilities/ allergies) \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Health Card: \_\_\_\_\_

Member Notes (disabilities/ allergies) \_\_\_\_\_

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## Sign out details (Required):

*(Select only one option) If you answered other, please explain below*

Allowed to walk home  
alone from Vale

Picked up from authorized  
person

Other

Other sign out  
option: \_\_\_\_\_

**PLEASE TURN OVER**

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# Authorization to Pick up

Please list anyone other than parents that has authorization to pick up your teen from BGC Thunder Bay.

Ensure they have ID available in case we have a staff at the front that does not recognize them.

**Name (Required):** \_\_\_\_\_

**Phone Number (Required):** (        )        - \_\_\_\_\_

**Relationship to Member (Required):** \_\_\_\_\_  
*Etc: Grandparent, Family Friend, Aunt*

**Name:** \_\_\_\_\_

**Phone Number:** (        )        - \_\_\_\_\_

**Relationship to Member:** \_\_\_\_\_  
*Etc: Grandparent, Family Friend, Aunt*

**Parent's Signature:** \_\_\_\_\_

## School Information

**School Name (Required):** \_\_\_\_\_  
*Please enter the school your child attends – if they are at two different schools write both down please*

**Grade:**  
*(Select grade your child is in)*

1<sup>st</sup> Child \_\_\_\_ 2<sup>nd</sup> Child \_\_\_\_

**School Board (Required):**  
*(Select only one option)*  
*Please pick which school board your child attends*

- Catholic School Board
- Lakehead Public School Board
- French Catholic School Board
- Other

**Please fill out the necessary information and hand in to BGC Staff with the \$10 membership fee. If you need to make arrangements to pay the membership fee bring completed form and tell staff.**

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