

JAYS  CARE<sup>TM</sup>  
FOUNDATION

REGISTRATION

 b9c Riverview

# MEDIA RELEASE

I, on behalf of my child(ren), give permission to BGC Riverview to photograph and/or record my child(ren) on still photographs, motion picture, audio tape and/or video tape and to use this material, in whole or in part, through the media of television, film, internet, multimedia presentation, radio, audiotape, videotape or in printed or display form for the promotion of BGC Riverview.

I, on behalf of my child(ren) and my child(ren)s behalf, assign and transfer to BGC Riverview all rights, including copyright, which I may have or my child(ren)s may have in this material.

I give permission as set out above:

I do not give permission:

BGC Riverview uses two, 12 passenger vans and a 21 passenger bus to transport members to various outings including day trips and special events. Only program members are permitted to be transported in our vehicles. By agreeing to this policy you agree to allow your child to be transported via our vehicles for any and all outings of BGC Riverview. Any outing outside of town limits will require a permission slip, signed by a parent or guardian.

I, on behalf of my child(ren), give permission to BGC Riverview to transport my child for the purposes of said organizations programming.

I understand all of the guidelines and information above.

I give permission as set out above:

I do not give permission:



# JAYS CARE SPORTS CAMP REGISTRATION

Member Name : \_\_\_\_\_

Address : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Age : \_\_\_\_\_ D.O.B : \_\_\_\_\_ Identifies As: \_\_\_\_\_

Medicare : \_\_\_\_\_

Medical History (Allergies, ADHD, etc.) :

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor : \_\_\_\_\_

Parents Consent :

Emergency Contact : \_\_\_\_\_

I give consent and approve of my child being a participant of the Jays Care Sports Camp, from any liability in the event of an accident or death while a participant of said organization. I also agree to abide by the rules and policies set out by BGC Riverview for protection and safety of it's members.

Number : \_\_\_\_\_

Relationship : \_\_\_\_\_

Parents Name (Print) : \_\_\_\_\_

Parents Signature : \_\_\_\_\_

\*\*\* Parents\*\*\*

After Registration has been completed and submitted, you will receive an email with all dates that the program will be offered at each location.



Parents Email :

\_\_\_\_\_