



After School All Stars Program
2026/2027 Registration Form

Registration for:

- ☐ Takhini Elementary School
☐ Whitehorse Elementary School
☐ Dámbü Tán Kets'ádañ Kù — Cliff Trail Elementary School

Section One – Child Information

First Name: Last Name:

Gender: Cultural Identity:

Date of Birth:

Home Phone: Work Phone:

Address: City: Postal Code:

School: Teacher: Grade:

Physician: Phone:

Physician's Address:

Yukon Health Care #:

Are your Child's Immunizations up to date? Y ☐ N ☐

Does your Child have any of the following concerns: Respiratory problems, Diabetes, Hypoglycemia, Dizziness, Seizures, Hearing issues, Joint problems, Heart problems, Behavioral or Learning issues, Recurring injuries, Sensory issues, or Other (please describe below):

If your child has any Allergies or Dietary restrictions, Please describe below:





If your child has any medications that they will be bringing with them, Please list them below:

If your child has an Educational Assistant or Support Worker at school, Please describe why below:

I certify that this information is true to the best of my knowledge: Initial

Section Two – Parent/Guardian Information

Name:

Relationship:

Email:

Phone:

Address:

Authorized to Pick-up:(please circle) Yes ☐ No ☐

Name:

Relationship:

Email:

Phone:

Address:

Authorized to Pick-up:(please circle) Yes ☐ No ☐

Section Three – Emergency Contact Information (Different from above)

Name:

Relationship:

Email (optional):

Phone:

Address:

Authorized to Pick-up:(please circle) Yes ☐ No ☐

Name:

Relationship:

Email (optional):

Phone:

Address:

Authorized to Pick-up:(please circle) Yes ☐ No ☐

If I, the parent or legal guardian, am unavailable I authorize BGCY staff to secure the medical services and medical transport deemed necessary for the well-being of my child/ward. Initial





Section Four – Child Pick-Up

Please list the legal names of anyone who is authorized to pick-up your child from All Stars.

Legal name should match ID card as showing ID will be required at pick up.

Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

Section Five – Permission

I, the undersigned parent/guardian have read, understood, and agreed to the following:

1. I am responsible for reading and abiding by the rules and guidelines for BGC Yukon & All Stars After School Program as written in the family handbook.
2. I am responsible for payment of the monthly fee, late fees, and PD day fees as set out in the family handbook and as reported on my monthly statement and that non-payment may result in my child being removed from the program.
3. I give permission for my child to participate in recreation and outdoor programs. This includes local trips within walking distance of the school your child attends. Parents will be notified in advance of these trips, alternate pick up locations, and higher risk activities, which may have additional permission forms.
4. I give permission for my child to participate in online and virtual programming offered through BGC Yukon in the All Stars After School Program.
5. I understand that care and attention will be given to the safety of all participants, but that BGC Yukon and All Stars After School program, its staff or volunteers cannot be held liable for any injury or loss.
6. I understand that All Stars After School Program and BGC Yukon reserves the right to remove a child from the program if it is deemed necessary.
7. I give permission for media (audio & visual) of my child to be used for publicity purposes connected with the promotion of BGC Yukon and the All Stars After School Program.
8. I understand that my signature is mandatory in order to register for BGC Yukon All Stars After School Program.

Parent/Guardian Name: Signature of Parent/Guardian: Date:



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE
PLEASE READ THIS CAREFULLY
PLEASE PRINT CLEARLY

DEFINITION

In this agreement the term "Recreational Activities and Events" shall include all activities in any way related to the Boys and Girls Club of Yukon programs, including, but not limited to, orientation and instruction sessions; transportation or travel to and from program activities, skateboarding, swimming, physical sports, loading and unloading of vehicles; all activities while participating in the program, and accommodation.

ASSUMPTION OF RISK

I am aware that Recreational Activities and Events involve many risks, dangers and hazards including, but not limited to: accidents which occur during transportation or travel to and from the activities; negligence of other participants, negligence of other parties participating in Boys and Girls Club of Yukon programs and NEGLIGENCE ON THE PART OF BOYS AND GIRLS CLUB OF YUKON TO SAFEGUARD AND PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF ACTIVITIES. I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGER AND HAZARDS ASSOCIATED WITH RECREATIONAL ACTIVITIES AND EVENTS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM. I am aware that the physical exertion required in Recreational Activities and Events and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, symptoms or congenital defects. I understand that if I know or suspect that my physical condition may be incompatible with Recreational Activities and Events and that I should seek medical advice before undertaking Recreational Activities and Events offered by the Boys and Girls Club of Yukon.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Boys and Girls Club of Yukon agreeing to my participation in their programs and permitting my use of its equipment, parking, and other facilities, and for other good and valuable considerations, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Boys and Girls Club of YUKON, ITS DIRECTORS, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS, SUBCONTRACTORS, AND REPRESENTATIVES (all of whom are hereinafter referred to as the "RELEASEES") AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expenses or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in Recreational Activities and Events, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT, R.S.O. 1990, C. O.2, ON THE PART OF THE RELEASEES AND FURTHER INCLUDING FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE OUTDOOR ADVENTURE ACTIVITIES REFERRED TO ABOVE. Initial Here

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in Recreational Activities and Events:

3. That this Agreement shall be effecting and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

4. That this Agreement shall be governed by and interpreted in accordance with the laws of the Territory of Yukon and any litigation involving the parties to this Agreement shall be brought within the Yukon Territory.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of Recreational Activities and Events, other than what is set forth in this agreement.

I have read and understood this agreement prior to signing it. I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases.

This agreement must be completed in full, dated and signed by the PARTICIPANT and WITNESSED, before starting the Program.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS
UNDER 18 YEARS OF AGE

SIGNATURE OF WITNESS

NAME OF WITNESS

Date: