



Centre des Femmes West Island  
West Island Women's Centre

## **Membership Form 2017-2018**

Member's Name: \_\_\_\_\_  
(Please Print)

**The West Island Women's Centre's *Member's Guide* is an essential manual for our membership. Now in its 8<sup>th</sup> edition, the guide contains information on everything from our organization's fire emergency procedures to our refund policy. The guide is available on our website, [www.wiwc.ca](http://www.wiwc.ca). If you prefer to have a printed copy of the guide, please request one at the WIWC office.**

**I AGREE TO READ AND RESPECT THE WEST ISLAND WOMEN'S CENTRE POLICIES AND PROCEDURES AS THEY ARE OUTLINED IN THE MEMBER'S GUIDE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **AUTHORIZATION/WAIVER**

This is to certify that in the event of an emergency (medical or otherwise), I hereby authorize the West Island Women's Centre to take whatever steps are necessary (including cardio-pulmonary resuscitation and first aid) to maintain my personal well being and that of my children.

I also acknowledge that the West Island Women's Centre is not responsible for any and all claims of loss, damage, or injury to persons or property, however caused, arising directly or indirectly from participation in West Island Women's Centre activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PERMISSION TO RECEIVE WIWC E-MAILS**

Please write your initials in the box on the left to confirm your consent to receive e-mail communications from the West Island Women's Centre. Our e-mails keep members up to date on upcoming activities and events at our organization.

### **PHOTO/VIDEO RELEASE**

Please write your initials in the box on the left if you permit the West Island Women's Centre to take your image (photograph or video). The images will be used to promote the Women's Centre and its activities to our members and the community at large and **they may be posted on the internet.**



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## Child Registration Form 2017-2018

All members planning to register their child(ren) for courses or use the WIWC's free childcare service are required to complete this form.

I, \_\_\_\_\_, will register the preschool-aged (0-5 yrs) children  
Member's Name – Please Print)

listed below for a West Island Women's Centre course and/or the childcare service. I have read and agree to respect the childcare rules and regulations contained in the West Island Women's Centre's **Member's Guide**, available on our website. ([www.wiwc.ca](http://www.wiwc.ca))

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

First Name (Child)	Last Name (Child)	Birth Date (m/d/y)	Allergies

**Pertinent medical information about the children:** (Allergies, food restrictions, medical conditions, etc.) This information will be kept strictly confidential, and will be passed on to the childcare supervisor/manager (and the childcare workers only if the need arises).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outside Play** – Please write your initials in the box on the left if you give the WIWC childcare supervisor/manager and the childcare team permission to take your child(ren) outside to play for short periods of time, weather permitting. Please contact the childcare supervisor/manager if there are any habits or behaviours the childcare team should be made aware of.

Please write your initials in the box if you permit the West Island Women's Centre to take your child(ren)'s image (**photograph or video**). The images will be used to promote the WIWC and its activities to our members and the community at large and **they may be posted on the internet.**