



# PURCELL COLLEGIATE SCHOOL (PCS)

PO Box 8, STN Main  
Kimberley, British Columbia, V1A 2Y5 CANADA  
Phone: 250-432-1349 | mail:[info@purcellcollegiate.com](mailto:info@purcellcollegiate.com)

## CLUB NAVIGATOR

Application Form 2023-24

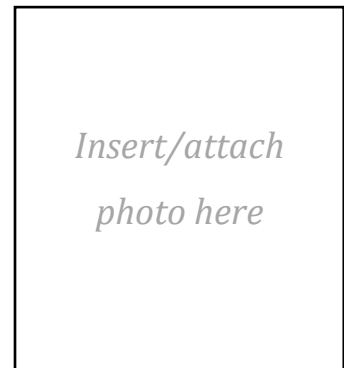


Full Legal Name: \_\_\_\_\_  
First name Last name

Preferred name(s): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M | F | NB | O  
Day Month Year

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



Student phone: \_\_\_\_\_ Student email: \_\_\_\_\_

I am applying for: \_\_\_\_\_ in Trimester 1 | 2 | 3  
Name of club

I am interested in this club because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My other interests and hobbies include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My favourite subjects in school are: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Parent/Guardian 1	Parent/Guardian 2
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Full name		
Occupation		
Home address		
Home phone		
Work phone		
Mobile phone		
Email address		

**EMERGENCY CONTACT PERSON (adult friend or relative)**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
First name Last name

Relationship to student: \_\_\_\_\_ Location: \_\_\_\_\_  
Must be local

Email: \_\_\_\_\_ Other contact means: \_\_\_\_\_

*\*This person will only be contacted if the parent(s)/guardian(s) listed above cannot be reached.*

**MEDICAL/EMERGENCY**

Club leaders and other Purcell Collegiate staff should be aware of the following with regard to my child (please list any medical or other conditions you think we need to know about to ensure the best possible care and support for your child while participating in a club, if any):

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I/we, as parent(s)/guardian(s) of the student, hereby authorize Purcell Collegiate staff and/or Club leaders to consent on behalf of my child to any necessary medical testing and treatment in the event of an emergency and in case neither I/we nor our Emergency Contact can be reached.

\_\_\_\_\_  
 Parent/Guardian #1 name (please print)      Parent/Guardian #1 signature      Date

\_\_\_\_\_  
 Parent/Guardian #2 name (please print)      Parent/Guardian #2 signature      Date

**MEDIA RELEASE**

I hereby give permission to Purcell Collegiate School to collect, keep, use and share photographs, videos, and images of me (student) / my child (parents/guardians) for use online or in print including but not limited to brochures, websites, newspapers, and social media.

\_\_\_\_\_  
Parent/Guardian #1 name (please print)

\_\_\_\_\_  
Parent/Guardian #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 name (please print)

\_\_\_\_\_  
Parent/Guardian #2 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**FINAL CONFIRMATION/PERMISSION**

As parent(s)/guardian(s), I/we hereby give our permission for our child to participate in the Club Navigator program at Purcell Collegiate School. I/we understand that participation is a privilege and that Purcell Collegiate School reserves the right to postpone or cancel club activities and/or rescind participation for my child at its sole discretion and without notice. If admitted to a club, I/we understand that we may have to complete an additional permission form specific to that club if it involves off-site activities or for other club-specific reasons.

\_\_\_\_\_  
Parent/Guardian #1 name (please print)

\_\_\_\_\_  
Parent/Guardian #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 name (please print)

\_\_\_\_\_  
Parent/Guardian #2 signature

\_\_\_\_\_  
Date



/ purcellcollegiate

[www.purcellcollegiate.ca](http://www.purcellcollegiate.ca) | [info@purcellcollegiate.ca](mailto:info@purcellcollegiate.ca)