



FREE YOUTH STEM PROGRAMS

Come explore one of the largest youth STEM hubs in Canada!

- Take on hands-on challenges that teach real-world skills.
- Explore our 9,000 sq. ft. facility, including a Makerspace, Machine Shop, and full-size Robotics Field.
- Gain experience that can help in future careers in engineering, tech, and trades.

✨ All programs are FREE with weekly sessions this Fall.

HIGH SCHOOL MACHINING & CARPENTRY (AGES 14-18)

WED. (4:00 - 5:30 PM)

Hands-on experience in woodworking, metalworking, (and more!) giving students a deep dive into skilled trades.

HIGH SCHOOL BUILD & CODE: SELF-DRIVING CARS (AGES 13-18)

THURS. (6:30 - 8:00 PM)

Build and code an autonomous vehicle, competing on a race track. Program in partnership with Smith Engineering and Ingenuity Labs.

MAKER CLUB: ENG. & TRADES (AGES 12-18)

WED. (6:30 - 8:00 PM)

Explore STEM and trades through hands-on workshops in CAD design, 3D printing, laser cutting, coding, and carpentry.



TO REGISTER:

You can register by visiting:

bgcka.recdesk.com

Or scan the QR code!
Have questions? Email:

stem@bgcsoutheast.ca



You can also sign up by filling out a 3-page form in-person!

2024 - 2025 Youth Programs Membership Application

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First Name (Required): _____

Last Name (Required): _____

Preferred Pronouns
(Required): _____

Address - Street no. - Apt - City/Town
(Required): _____

Postal Code (Required): _____

Youth Telephone (if
applicable): _____

Date of Birth (Required): _____

Telephone (Required): _____

Youth email (if
applicable): _____

School Name (Required): _____

Grade (Required): _____

Age (Required): _____

Gender Identity
(Required): _____

Family Information

Resides with (Required - Select at least one option):

- Both Parents
- Father
- Mother
- Guardian

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Parent/Guardian 1 (Required): _____

Email Address
(Required): _____

Parent/Guardian 2 (Required): _____

Telephone (Required): _____

Email Address
(Required): _____

Emergency Contact

Name (Required): _____

Relationship to Child
(Required): _____

Phone (Required): _____

Additional Information

Does the youth member have any allergies, medical conditions or special needs?
(Required): _____

Epi-Pen Location (if
applicable): _____

Waivers & Permissions

I, the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in the BGC Southeast's programs. I acknowledge that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the above named child is safe from further injury. I am aware of no physical or other reasons why this child should not participate in club programs and related club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the Member, or the Club, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, I am accepting the risk that my child may be injured. BGC Southeast does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the BGC Southeast, allowing this child to participate in club programs, I agree to waive and release BGC Southeast, its employees, volunteers, directors and agents from all claims for damages, injury or loss that may arise as a result of my child's participation

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in programs. I will impress upon the child the importance of following club rules, regulations and instructors directions.

Initial (Required): _____

I am aware that my child may have his/her photograph taken by staff or local media and may appear in a variety of media sources on behalf of the BGC Southeast.

Initial (Required): _____

IF YOU DO NOT WANT YOUR CHILD'S PICTURE TAKEN PLEASE CHECK THE FOLLOWING BOX:

BGC Southeast reserves the right to remove any child from any program to ensure the safety and well-being of other participants, should we deem it necessary. No refund will be granted under these circumstances.

Initial (Required): _____

Independent Arrival/Depart & Transportation Waiver

I acknowledge that my child (children) may be participating in an activity, trip or event organized by BGC Southeast. I am aware that the participation of my child (children) is outside the scope of their daily routine. I give permission for my child (children) to travel by foot, BGC Southeast Van, or Bus to the desired destination. I confirm my understanding that my child(ren) is not under the care of the program or their staff while independently travelling to or from the program site. Therefore, I will not hold the program responsible for the well-being of my child(ren) outside of their physical presence within the program.

Initial (Required): _____

Parent Signature

Signature of Parent/Guardian (Required): _____

Date of Signature (Required): _____

Program signing up for: _____