

The King George Community Schools Team Presents...



# Lord Roberts After School Programs Primary: Grades K-3



## Fall 2017



**REGISTRATION PERIOD: September 25—September 29**

Please contact Kristian Hildebrandt or Layla Calvi, the Recreation Programmers, with any questions, comments, or concerns at: [kgcst@vsb.bc.ca](mailto:kgcst@vsb.bc.ca) 604-713-5881

## Community School Team Medical/ Emergency Consent Form

Important Information – Please Translate  
这是一份重要信息 — 请找人为您翻译  
這是一份重要資訊 — 請找人為您翻譯  
这是一份重要信息 — 请找人为您翻译  
Thông tin quan trọng - Xin phiên dịch  
Mahalagang Impormasyon - Paki salin sa sariling wika  
Información importante - Por favor traducir

Please complete this form and submit it with your completed registration forms.

The collection and retention of information requested on this form is authorized and governed by the British Columbia *School Act* and the *Freedom of Information and Protection of Privacy Act*.

### EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the CST program staff in making your child's participation comfortable, safe and pleasant.

(Please print carefully and legibly)

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Division: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:  
\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Yes  No    Inhaler?  Yes  No    Medical Alert Bracelet?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:  
\_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:  
\_\_\_\_\_

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):  
\_\_\_\_\_

Other Health/Medical/Dietary Concerns/restrictions:  
\_\_\_\_\_

Emergency Contacts (other than Parent/Guardian):  
1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### ACKNOWLEDGEMENT OF CONSENT




Parent/Guardian who is filling out and signing this form: \_\_\_\_\_ (Parent/Guardian Name printed)

Should it become necessary for my child to have medical care, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_



**Next Page**

<p><b>Introduction to Classical Ballet (Grade 2-3)</b>  <b>•Days: Fridays (Oct.13-Dec.15, No class Oct.20, Nov. 10, Dec.1)</b>  <b>•Price: \$50 (7sessions)</b>  <b>•Time: 3:00-4:00</b> <span style="float:right"><b>•Room: Library</b></span></p> <p>Children are introduced to the basic movement and feel of ballet through training exercises, the use of props, and by learning choreography. Children should come prepared with comfortable clothing that they can move in!</p> 	<p><b>Moresports Basketball (Grade 2-3)</b>  <b>•Days: Fridays (Oct. 13 - Dec.8, No class Oct.20, Nov.10, Dec.1)</b>  <b>•Time: 3:00-4:15</b>  <b>•Price: \$50 (8 Sessions)</b> <span style="float:right"><b>•Location: LR Gym</b></span></p> <p>Kids will develop basketball and teamwork skills in a fun, interactive, and positive environment. All skill levels are welcome! The program concludes with an exciting wrap-up festival at Roundhouse Community Centre on Saturday, December 9th!</p> 
<p><b>SPORTBALL (Grade K-1)</b>  <b>•Days: Mondays (Oct.16-Dec.11, No class Oct.9, Nov.13)</b>  <b>•Price: \$30 (8 Sessions)</b>  <b>•Time:3:00-4:30</b> <span style="float:right"><b>•Location: LR Gym</b></span></p> <p>Sportball is a multi-sport skill development program. Coaches focus on improving basic abilities common to all sports, like balance, coordination, stamina, and timing, in a fun, supportive, and non-competitive setting that emphasizes teamwork.</p>	<p><b>Moresports Soccer (GRADE 2-3)</b>  <b>•Dates: Thursdays (Oct 5-Nov 23)</b> <b>•Time: 3:00 - 4:15</b>  <b>•Price: \$50 (8 classes)</b> <span style="float:right"><b>•Location: LR Field</b></span></p> <p>Come learn to play soccer and improve upon your skills with MoreSports and the King George Community Schools Team! This is an 8 week soccer program that is led by experienced coaches and high school volunteers in the community.</p> 

**Programs WILL NOT run on holidays or Pro D Days. We request that parents are out of the program space during sessions.**

<p><b><u>KGCST After School Programs at Lord Roberts (Fall 2017)</u></b>          — Check the box for the program you'd like to register for —</p>	
<p><input type="checkbox"/> <b>Sportball</b> - Mondays, 3:00-4:30, 8 sessions.</p> <p><input type="checkbox"/> <b>MoreSports Soccer</b> - Thursdays, 3:00-4:15, 8 sessions.</p> <p><input type="checkbox"/> <b>MoreSports Ballet</b> - Thursdays, 3:00-4:00, 8 sessions.</p> <p><input type="checkbox"/> <b>MoreSports Basketball</b> - Fridays, 3:00-4:15, 8 sessions.</p>	<p><b>Price:</b></p> <p><b>\$30*</b></p> <p><b>\$50*</b></p> <p><b>\$50*</b></p> <p><b>\$50*</b></p>
<p><b>Total: \$ _____</b></p>	
<p>Pay by CASH or CHEQUE Payable to: <b>The Vancouver School Board</b></p> <p><b>* Please contact Kristian if you need help or assistance paying for programs   604-713-5881; kgcst@vsb.bc.ca</b></p>	
<p><b><u>*NEW* How to Register: September 25-29 *NEW*</u></b></p>	
<p>(1) Fill out both sides of this registration form.</p> <p>(2) Return the form to the Lord Roberts main office by <b>Friday September 29, 2017</b>. Do NOT bring any payments to the office at this time.</p> <p>(3) As space is limited, registration is a draw where names will be randomly selected.</p> <p>(4) We will contact both those selected and those not selected to be in the program.</p> <p>(5) Payments can be made on the first day of the program at pick-up time.</p>	

**CST Consent for participation and acknowledgement of risk**

Parent/Guardian Consent for CST Program Participation and Acknowledgement of Risk

This is an important document. Please review its content carefully prior to providing permission for your child to participate in select programs with the King George Community Schools Team.

**Consent and Acknowledgement of Risk**

The qualified staff and volunteers (including secondary student volunteers) have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills.

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child.

I \_\_\_\_\_ (Name of parent/guardian) give permission for (Name of student) \_\_\_\_\_ to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Date: \_\_\_\_\_ Name (please print): \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_

Student dismissal at the end of the program

Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child. In the event that the parent/guardian is unable to pick up the child please identify individuals you designate to perform this duty. The following information will be used for the regular duration of the Out of School Time program, and in the event of an emergency/disaster occurring while the Out of School Time program is in session. The Community Schools Team staff will only release students directly into the custody of the parents/guardians OR responsible individuals that parents/guardians have previously designated below.

I give permission for the following individuals\* to pick up my child from the CST Out of School Time program and/or in the event of an emergency/disaster occurring while the Out of School Time Program is in session:

Name	Contact Telephone #
1.	
2.	
3.	
4.	

\*If your child will be picked up by an Out of School Care program staff and/or Daycare staff please list the name of the organization and contact name above.  
 Signed \_\_\_\_\_ (Parent/Guardian signature) Date: \_\_\_\_\_