



Program Activity Information Form

To the Parent(s) / Guardian(s) of:

_____ Age: _____
 _____ Age: _____

Please read carefully the information on this form and the Parent Consent Form. Ask any questions or concerns that you have with the FCSS Activity Leader. The Parent Consent Form must be completed, signed, and returned to the Activity Leader before your child(ren) will be allowed to participate.

Program Activity Information (additional information may be attached)

Program / Activity Name: Dynamic Doers (Girl's Group) Location: Raymond Parent Link Centre
 Date (s) Every Thursday from Oct 5th – Nov 23rd Times: 3:30 – 4:45

Activities will be structured to assist children to develop competencies that will increase their chances for success in life.

Description of Activities:

Come have fun learning positive life skills and how to deal with life's challenges! Each week we will focus on one of the following topics: Team building, problem solving, friendship, kindness, dealing with stress, positive self-talk and gratitude.
Afterschool snack will be provided each week.

Transportation Arrangements: Not Applicable

Name of FCSS Activity Leader: Stephanie Gruninger Number of Volunteers: 2-3

FCSS Activity Leader Phone Number: 403-752-4301

Cost to Participant: Free Participants need to bring: N/A

OTHER CONSIDERATIONS: FCSS will provide at least one activity leader and we depend on volunteers to assist with the activity. There may be times when adequate volunteer supervision is not available but the activity may continue in such cases.

FCSS Staff / Parent / Volunteer Responsibilities

- FCSS staff will have childcare or human services experience and be certified in First Aid.
- The FCSS Activity Leader will coordinate information and planning with staff and volunteers.
- The FCSS Activity Leader will have an emergency plan in place to deal with an injury or illness of any of the participants
- FCSS staff will review a fire safety plan with the group.

Parent Consent Form

(THIS SECTION TO BE SIGNED AND RETURNED TO FCSS)

PROGRAM / ACTIVITY _____ Dates: _____

1. I acknowledge my right to obtain as much information as I require about this program, activity or event and associated risks and hazards, including information beyond that provided to me by the organization.
2. I freely and voluntarily assume the risks/hazards that may be part of the program/activity and understand and acknowledge that there is a potential risk to my child arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the activity leaders and volunteers.
4. In the event my child fails to abide by the rules and regulations of the activity, disciplinary action may require his/her exclusion from further participation.
5. I acknowledge that it is my duty to advise the Activity Leader of any medical/health concerns (e.g., medical, physical, emotional, learning, and/or behavioural conditions) of my child that may affect his/her participation.
6. **I acknowledge that FCSS staff are not qualified medical advisors or professionals and as such they cannot provide medical treatment, prescriptions, or medical supervision and that I am solely responsible for my child's medical care.**
7. I acknowledge that FCSS may cancel the activity if conditions are deemed unsafe (e.g., weather, health advisory, inadequate staffing). I accept that the FCSS will not be liable for any costs associated with such a cancellation.
8. I acknowledge that FCSS staff or volunteers may secure transportation to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. **By signing this form, I hereby release FCSS from any claims, demands, and causes of action which may arise out of any loss, injury or damage to my child (or their property) which may occur while attending/participating in (including transportation to and from) such activity whether as a result of negligence or any other cause.**

Based on my understanding, acknowledgement, and consents as described herein, I hereby give my consent for

Name of Child: _____ Age: _____ to participate.

Name of Parent / Guardian: _____ Signature _____ Date _____

Emergency Contact Number (s) _____

The personal information is collected by BEWFCSS under the authority of the Freedom of Information & Protection of Privacy Act (FOIP). Your information is being collected only for the purposes of service delivery, statistical and program evaluation. For more information 403.715.2260.

Revised: September 13, 2017