

Let's Get Moving Registration

Membership Form

COVID-19 UPDATE

All program staff and participants will be required to complete a daily health screening and follow all Covid-19 guidelines. If accepted into the Let's Get Moving program, a comprehensive information package will be emailed to parents/guardians.

Let's Get Moving is a registered program for children in grades 1 to 6 that focuses on physical activity, nutrition, personal health and well-being. The program runs Monday - Friday for two hours after the dismissal bell. A nutritious snack is provided each day. The program operates at a 1:15 ratio (staff to participants), thus does not provide one to one support.

Program Benefits:

- Provision of a safe supportive place where children can experience new opportunities and overcome barriers
- Promotion of healthy active living and physical literacy
- Provides an inclusive forum for children to build new relationships
- Development of leadership skills and independence in children/youth

Program Guidelines:

Staff are required to follow the Ministry of Heritage, Sport, Tourism and Culture Industries after school program guidelines which state that the program must be:

- 30% Physical Activity
- 20% Healthy Food and Nutrition
- 20% Wellness and Personal Health
- 30% Community Needs

Program Requirements:

- Children must attend the program at least 3 days a week
- Children must come prepared to engage in physical activity
- Children are expected to participate in activities
- Parents must pick up their child/children on time
- Parents must inform the staff if their child is going to be absent from program
- Children are required to be signed out daily as they are picked up by an authorized person

If accepted, you will receive a confirmation email with further program details.

For more information, please contact Front Desk (frontdesk@bgchh.com).

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Participant Information

Name (Required): _____

Date of Birth (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, Province: _____

Postal Code: _____

School (if applicable): _____

Grade (if applicable): _____

Teacher's Name (if applicable):

Classroom Number (if applicable):

Doctor's Name: _____

Doctor's Phone Number: () - _____

Special Information (ie. allergies, restricted activities):

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Parent/Guardian Information

Name (Required): _____

Phone (Required): () - _____

Alternate Phone: () - _____

Email: _____

Name: _____

Phone: () - _____

Alternate Phone: () - _____

Email: _____

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Emergency Contacts

Name (Required): _____

Phone (Required): () - _____

Relationship to Participant (Required): _____

Name: _____

Phone: () - _____

Relationship to Participant: _____

Authorized Pick Up Persons

Name (Required): _____

Relation to Child (Required): _____

Name (Required): _____

Relation to Child (Required): _____

Name (Required): _____

Relation to Child (Required): _____

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Media Consent

I hereby give permission for photographs and video to be taken of my child/myself to be used for BGC Hamilton-Halton website/program brochure/newsletter/social media/advertising and other promotional material for BGC Hamilton-Halton and it's external partners.

Media Consent (Required - Select at least one option):

Yes, I give permission.

No, I do not give permission.

Other

If Other, please explain:

Signature (Required): _____

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Waiver

The undersigned hereby acknowledges that there are certain risks associated with the Clubs programs and agrees not to hold BGC Hamilton-Halton responsible for any accidents that may occur as part of any routine programs.

Signature: _____

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PHOTO PERMISSION: _____

Yes, I give permission

No, I do not give permission

Signature (Required): _____

CODE OF CONDUCT

The Let's Get Moving After-School program strives to provide a safe, inclusive, supportive space where participants can experience new opportunities, build positive relationships, and develop confidence and skills. To ensure individuals are able to participate in a positive, respectful environment, participants and parents/guardians are asked to abide by a Code of Conduct. The Code of Conduct applies to participants, staff, students, and volunteers within the Let's Get Moving Program. The Code of Conduct is as follows:

1. Treat one another with dignity and respect at all times.
2. Promote belonging and inclusion by not engaging in bullying behaviours including the use of any physical, verbal, electronic, written, or other means of bullying. Bullying may also include inciting, engaging, or continuing instances of gossip.
3. Promote the physical safety of others by refraining from using aggressive physical contact, staying within program spaces as designated by site staff at all times, and avoid using program equipment in an aggressive, threatening manner towards other participants or staff.
4. Promote emotional safety by using positive communication that is free from derogatory, demeaning, or profane language.

By signing below, I am acknowledging that the Code of Conduct is to be adhered to in the Let's Get Moving Program. Participation in the Let's Get Moving Program may be limited or terminated if the Code of Conduct is violated and puts other individuals at risk.

Signature (Required): _____

WAIVER

The undersigned acknowledges he/she shall not hold the Hamilton East Kiwanis Boys and Girls Club Inc. responsible or liable for any loss, damage or injury to their children. He/she agrees to assume all risk inherent in the program and its component activities and saving in the event of gross negligence, shall release and hold the Hamilton East Kiwanis Boys and Girls Club Inc. its officers or agents harmless from any and all liability and claims he/she may have as a result of their child's participation or involvement, such to be binding not only upon him/herself, but also my child's heirs, executors, administrators and successors.

Signature (Required): _____

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PHYSICAL LITERACY PARTICIPATION

I consent to my child's participation in physical literacy training and assessment. I approve the exchange of information between the BGC Hamilton-Halton and The Government of Ontario regarding my child's physical literacy assessment. However, no identifying information will be shared.

Signature (Required): _____

CONSENT FOR THE EXCHANGE OF INFORMATION

I hereby consent to the exchange of verbal and/or written information concerning my child between the BGC Hamilton-Halton and the Hamilton Wentworth District School Board and Hamilton Wentworth Catholic District School Board.

Signature (Required): _____

CONSENT FOR THE EXCHANGE OF INFORMATION (Required):

(Select only one option)

No

Yes