



COMMUNITY SCHOOLS PARTNERSHIP AND DELTA GYMNASTICS



FUNDAMENTAL MOVEMENT PROGRAM

Fundamental Movement program helps kids from age 5 to 11 develop and improve their agility, balance, coordination and speed. The program will put emphasis on basic landing skills, locomotor skills (hopping, skipping and jumping), and spatial awareness. These skills are introduced in a fun way through a variety of games and individual challenges.

Research has shown that children who learn the fundamentals of movement are more likely to experience success in a physical activity environment which will foster physical activity behaviour allowing them to be active for life.

The program will run for 5 sessions, with 1 session per week.

LOCATION: Gray Elementary School – GYM

Date/Time: Every Tuesday starting May 23rd – June 20th
3:05pm – 4:45pm

COST: \$30.00 per child
(DEADLINE Thursday, May 18th, 2017)

*****Note to parents: Make sure that your child is dressed in gym clothing and has a water bottle.***

Method of payment:

Please make payment by CHEQUE ONLY to DELTA SCHOOL DISTRICT.

Thank You.

For more information please contact Nisha Ram
by phone at 778-990-5539 or via email at cspdelta@gmail.com



**COMMUNITY SCHOOLS PARTNERSHIP
REGISTRATION AND MEDICAL DISCLOSURE FORM**

Please Complete this form, and attach payment.

Student Information

Name:	Grade:	Age:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	

Parent / Guardian Information

Parent/Guardian's Name:	Parent/Guardian's Name:	
E-mail Address:	Secondary E-mail Address: <i>(Optional)</i>	
Home Number:	Cell Number:	
Address:		
City:	Province:	Postal Code:

Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact Name:	Relationship:
Home Phone:	Cell Phone:
Emergency Contact Name:	Relationship:
Name of Physician	Phone Number:

Additional Information

How will your child be getting home?

Walking Pick up (who will be picking up your child?) _____

I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs. Yes No



Acknowledgement of Consent and Risk

Parent/ Guardian who is filling this form: I _____ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, 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.

The qualified staff and 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, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport 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.

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.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____