



## AWESOME AFTERSCHOOL PROGRAMS

### Games Club

Gray Elementary

Grades: K-7

This is an opportunity for students to have fun after school through playing various board games, as well as other games with their fellow classmates. Games will include, Monopoly, Guess Who, Jenga, Uno, Cards, etc. It is a chance for students to make new friends in a positive environment.

#### Program Details:

**Location:** Gray Elementary- Library

**Date:** Wednesday's (January 29<sup>th</sup> – March 4<sup>th</sup>)

**Time:** 3:15pm to 4:45pm

**Cost:** \$40.00

(Please make cheques payable to **Delta School District**. If paying by cash, please provide **exact change**)

**Deadline:** **January 27<sup>th</sup>, 2020**

#### Registration Process:

Please complete the two attached forms and hand them into the main office of your school. Along with the forms, please include your payment for the program. Once your registration has been processed, Community Schools Partnership will email you a confirmation. Please ensure that you include your email on the registration form.

### Programs to Look Out For:

#### Play Days

**Jan 24<sup>th</sup>/ Feb 28<sup>th</sup>/ May 15<sup>th</sup>**

This is a single-day camp that runs from 9am to 3pm on Pro-D. Days. The next camp will be held at North Delta Secondary School on Fri. Jan 24<sup>th</sup>. All students in grades kindergarten to grade 7 are encouraged to register.

#### Spring Break Day Camps

This is similar to Play Day however, it will run during Spring Break. This day camp will be 9am to 3pm at North Delta Secondary School. The camp will run in two sessions: Mar 16<sup>th</sup>- Mar 20<sup>th</sup> and Mar 23<sup>rd</sup>- Mar 27<sup>th</sup>.

**\*Please keep this page for reference\***

For more information please contact Hemani Sharma at [communityschools@deltasd.bc.ca](mailto:communityschools@deltasd.bc.ca).

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

**Games Club- Gray**

Please Complete this form and attach payment.

**Student Information**

Name:	Grade:	Birth Date:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	
Swimming Ability (non-swimmer, fair, excellent):			

**Parent / Guardian Information**

Parent/Guardian's Name:	Email:		
Home Number:	Cell Number:	Work Number:	
Parent/Guardian's Name:	Email:		
Home Number:	Cell Number:	Work Number:	

**Medical Information**

B.C. MSP Health Number:		
Allergies: <i>(i.e. foods, insect stings, hay fever)</i>		
Reactions to allergies:		
Carries Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Physical conditions that may affect participation in the stated program/activity:		
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):		
Additional Comments: <i>(i.e. request for program modifications – can attach additional form if you need more space)</i>		

**Emergency Contact Information (Other than Parent/Guardian)**

Emergency Contact #1 Name:	Relationship:	Home Phone:	Cell Phone:
Emergency Contact #2 Name:	Relationship:	Home Phone:	Cell Phone:
Name of Physician:	Physician Phone Number:		

**Additional Information**

How will your child be getting home? i.e. walking alone, picked up by someone (name of person/people picking them up) \_\_\_\_\_

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

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## 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: \_\_\_\_\_

**Office Use Only:**

Reg. Confirmation: X \_\_\_\_\_ Date: \_\_\_\_\_ Photocopied  Input  Receipt

CASH – or –  CHEQUE

Cheque Provider Name: \_\_\_\_\_ Cheque #: \_\_\_\_\_

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