

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

Age: _____
Age: _____

Please read all information carefully. Prior to the start date please address any questions or concerns that you have with the FCSS Activity Leader. The Parent Consent Form must be completed, signed, and returned to the FCSS Activity Leader before your child(ren) will be allowed to participate.

Program Activity Information (Additional information may be attached)

Program / Activity Name: Coalhurst Youth Centre JR's Location: Coalhurst Youth Centre
Date (s): October - December 2019 Times: 2:00-4:00
Oct 11, 18, 25 // Nov 8, 15, 22 // December 6, 13

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

Description of Activities: The JR-youth centre will provide a space on early dismissal school day for youth in Gr 4-6. Providing this space + activity youth will learn Community Connectedness, Communication, sense of ownership (enhanced skills)

Transportation Arrangements: _____

Name(s) of FCSS Activity Leaders: _____ Number of Support Staff: _____

FCSS Activity Leader(s) Phone Number: _____

Cost to Participant: _____ Participants need to bring: _____

FCSS Staff / Parent / Volunteer Responsibilities

- FCSS staff will have childcare or human services experience and be certified in First Aid.
- FCSS Activity Leaders will coordinate information and planning with staff / parents / and volunteers.
- FCSS Activity Leaders 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

Coalhurst Youth Centre JRS

Dates:

Oct - Dec 2019

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.

Please list medical/health concerns (ie. Allergies):

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 scheduled 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 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: _____ DOB: _____ to participate.

Address: _____ Postal Code: _____

Name of Parent / Guardian: _____ Phone Number: _____

Signature: _____ Date: _____

Emergency Contact: _____ Phone Number (1) _____

(2) _____

FREEDOM OF INFORMATION

Barons-Eureka-Warner Family and Community Support Services (FCSS) is a public body and therefore the personal information collected using this form and any attachments related to program and service delivery is authorized under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act for the purpose of providing programs and services. The information will be used for service delivery, program evaluation and reporting purposes, and may only be disclosed in accordance to the Act. For further information, please contact the FOIP Coordinator at 403-405-4466 or info@fcss.ca