

INTRODUCTION FOR THE PARTICIPANT:

Go Girls is a fun, recreation program designed for girls who want to participate in fun-filled physical activities, games, art projects and interesting discussions. This is a chance to meet new friends and learn about healthy living in a fun, interactive, and supportive environment. They will also spend time with great leaders and mentors who are dedicated to making the program amazing!

INTRODUCTION FOR THE GUARDIAN (PLEASE KEEP PAGE 1 AND 2 FOR YOUR RECORDS)

PURPOSE

The main goal of the *Go Girls!* program is to develop an appreciation of the benefits of an active, healthy, lifestyle among girls. In addition, the program strives to achieve the following key objectives:

- To support girls and young women in choosing to maintain a healthy active lifestyle;
- To enhance competence, confidence and self-esteem of girls regarding healthy active living;
- To build the leadership and life skills of all program participants.

HOW DOES IT WORK?

WHAT: Go Girls! Includes 8 SESSIONS that are two hours long.

Each session is structured around the three key *Go Girls!* themes:

- Active living
- Balanced eating
- Positive self-image

A Mentoring Coordinator from Big Brothers Big Sisters of Langley will provide ongoing support throughout the sessions.

WHO: The program is for **girls in grades 5-7** who love to be active and have fun! There will be **up to 10 participants & 3 Mentors**.

WHY: To have fun and to learn more about being active, eating right and feeling good. Everything needed to be healthy, happy and confident!

WHO ARE THE MENTORS?

The mentors are young people who relate well to younger girls and want to set a positive female example for a young girl to look up to. The mentors are carefully screened, trained and supervised by Big Brothers Big Sisters. They commit themselves to this volunteer work for the duration of the “Go Girls” program.

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



WHAT IS THE ROLE OF THE LEGAL GUARDIAN?

Legal guardians should show their support of their child's involvement in the program and ensure consistent attendance. Legal guardians will be required to ensure a safe return home of their child after each weekly session. The legal guardian will need to sign an Informed Consent & Application before the program begins as well as give information about the child's interests and needs. It is important for a legal guardian to notice how the child reacts to the weekly sessions and report any concerns to the agency immediately. It is important to call the agency when your child will be absent from a session. To ensure a positive experience for your child the legal guardian must be open to provide feedback to the Mentoring Coordinator about the child's involvement.

APPLICATION PACKAGE AND PROCESS

This package is to be emailed to amie.carrick@bigbrothersbigsisters.ca.

You will receive confirmation of acceptance and a welcome letter with additional information as well as an outline of program dates and times.

IMPORTANT: Please return the completed application by **SUNDAY, NOVEMBER 22**

PLEASE INDICATE WHICH SESSION YOU WOULD LIKE YOUR CHILD TO ATTEND:

TUESDAYS 4PM - 6PM AT SONRISE CHURCH

- | | |
|---------------|---|
| Program Dates | <ul style="list-style-type: none"> • November 24 • December 1, 8, 15 <li style="text-align: center;"><i>Break over the holidays</i> • January 5, 12, 19, 26 |
|---------------|---|

WEDNESDAYS 6PM - 8PM AT BROOKWOOD BAPTIST CHURCH

- | | |
|---------------|---|
| Program Dates | <ul style="list-style-type: none"> • November 25 • December 2, 9, 16 <li style="text-align: center;"><i>Break over the holidays</i> • January 6, 13, 20, 27 |
|---------------|---|

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



PROGRAM APPLICATION

THIS FORM <u>MUST</u> BE COMPLETED BY THE CHILD'S <u>LEGAL</u> GUARDIAN.			
Youth Name		Birthdate	
School		Grade	
Address		Postal Code	
Legal Guardian			
Home Phone		Cell Phone	
Email Address			

Has your child participated in our mentoring programs before? Yes No If yes, which program? _____

Please check all that apply: (Optional; for statistical purposes only)

- Aboriginal New Immigrant/Refugee Mental Health Concerns (Parent/Child)
 Low Income Family involvement with MCFD/Social Worker

Does your child have any particular challenges or issues they are dealing with at this time?

Please describe your child (ie. personality traits, areas of strength/weakness, how they respond to adults or any other information that may be necessary):

Do you have any questions about this program?

I, the legal guardian, of the above-mentioned child give Big Brothers Big Sisters of Langley permission to process my child's application and provide services to my child for the "Go Girls" Mentoring program. This consent shall remain in effect for the duration of my child's involvement with Big Brothers Big Sisters unless otherwise revoked.

Legal Guardian Name (Please Print)

Legal Guardian's Signature

Date Signed

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



IN CASE OF EMERGENCY

Youth Full Name		Date of Birth	
Health Card No.		Guardian Name	
Home Phone		Cell Phone	

EMERGENCY CONTACT

(If legal guardian can't be reached this person is granted permission to pick up child and/or authorize emergency treatment)

Emergency Contact (Other than guardian, above)		Relationship To Child	
Home Phone		Cell Phone	

Are there any medical or mental health concerns, medications, allergies, food restrictions, etc. our group leaders should be aware of?

How is your child going to get home after each session? **IMPORTANT: DO NOT leave blank.**

Please Note: Big Brothers Big Sisters of Langley will NOT be responsible transportation of children to or from sessions.

All costs incurred are the responsibility of the legal guardian.

EMERGENCY RELEASE

In case of accident, illness or surgical emergency to my child, and if I am not immediately available for consultation and consent, I HEREBY AUTHORIZE AND DIRECT the mentors to secure proper medical or other related treatment for my child. Mentors will not be responsible for transportation of my child to hospital. If I am not available to transport my child the mentor has permission to call for an ambulance.

Legal Guardian's Signature

Date Signed

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



INFORMED CONSENT (SITE BASED GROUP PROGRAM) – LEGAL GUARDIAN

I hereby give permission to Big Brothers Big Sisters of Langley to make available their service to my child. It is my understanding that the intention of the Agency is to offer my child an opportunity to participate in a group program lead by a responsible adult, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), I understand that all efforts will be made to select a responsible Mentor who will facilitate the group program.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Langley, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof.

I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program. I further agree that information about my child may be shared, at the discretion of Big Brothers Big Sisters of Langley, with the group facilitator so that my child's needs may be best met.

I understand that this application is the property of Big Brothers Big Sisters of Langley. I also agree that my child will participate in the Pre- Match Training Program administered by Big Brothers Big Sisters of Langley.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give my child permission to participate in one or more group programs offered by Big Brothers Big Sisters of Langley. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____, 20 ____.

Signature of Parent/Guardian

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



MEDIA CONSENT FORM – CHILD/ YOUTH

RE: _____
Name of Child/ Youth

Big Brothers Big Sisters of Langley _____
Name of Agency at which child/youth is enrolled (Local Agency)

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of Langley the use of any photographs, audio and/or video recordings of my child or youth as taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency Executive Director or Board of Directors, and that this media may be used by Local Agency and/or by the National Office for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion.

	YES	NO
Child first name only may be used:	<input type="checkbox"/>	<input type="checkbox"/>
Child full name may be used:	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: CONFIDENTIALITY CONCERN/MEDIA USE

Please check here if you **DO NOT** want your child's picture used or if you have a safety concern.

Legal Guardian's Signature

Date Signed

Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:

