



Big Brothers Big Sisters
of the Annapolis Valley



Program Location Information: (Please circle for the camp you wish to register)

Annapolis Valley Royal Academy – July 8th to July 12th
Bridgetown High School – July 15th to July 19th
Three Miles Plains District Elementary School – July 29th to August 2nd
West Hants- Windsor (Location TBD) – August 5th to August 9th
NSCC Middleton – August 19th to August 23rd

Dear Parent or Guardian,

Game On and Go Girls are exciting mentoring programs being offered by Big Brothers Big Sisters of the Annapolis Valley for boys and girls. The goal of each program is to provide children and youth with information and support to make informed choices about active living, balanced eating and feeling good!

A Group of 10 boys and a group of 10 girls from the ages of 10-14 will each be paired with two-three volunteer mentors. The program will consist of 5 day long sessions to be held at a local school, community center or other community location as indicated. Each session will be fun-filled, active, and informative. The program is provided completely free of charge and includes healthy snacks and lunch.

Running shoes and appropriate physical activity attire will be required. While it is our wish that every child would have the opportunity to participate, space is limited and will be offered on a first come, first served basis. Please return your application as promptly as possible.

As part of the program, participants and parents may be asked to complete an evaluation form telling us about their experience with the program. This information can be used to make program improvements and determine impact.

Please indicate on the attached form if you would like your son or daughter to take part in Game On and Go Girls summer camp. Please do not hesitate to contact Big Brothers Big Sisters at 902.678.8641 if you have any questions.

Thank you for your interest in our programs.

Sincerely,

Georgina Mbamalu
STAFF | Program Coordinator

Big Brothers Big Sisters of the Annapolis Valley
Phone: 902.678.8641 Fax: 902.678.2070
136 Exhibition St Kentville, NS, B4N 4E5



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 136 Exhibition St * KENTVILLE * NS * B4N 4E5
 PHONE: 902-678-8641 * FAX: 902-678-2070

**GAME ON & GO GIRLS SUMMER CAMP
 APPLICATION FORM**

<u>PERSONAL INFORMATION:</u>		<u>ADDRESS:</u>	<u>SCHOOL INFORMATION:</u>	
CHILD'S NAME: _____	ADDRESS: _____	SCHOOL: _____	TEACHER: _____	
BIRTHDATE: (DD/MM/YY): _____	CITY: _____	TEACHER: _____		GRADE: _____
CURRENT AGE: _____	POSTAL CODE: _____	GRADE: _____		LANGUAGES SPOKEN: _____
HEALTHCARD #: _____	PHONE NUMBER: _____	LANGUAGES SPOKEN: _____		
<u>REFERRING PARENT/GUARDIAN:</u>		<u>OTHER PARENT/GUARDIAN (if Applicable):</u>		
NAME: _____		NAME: _____		
OCCUPATION: _____		ADDRESS: _____		
EMPLOYER: _____	WORK NUMBER: _____	CITY: _____	PROVINCE: _____	POSTAL CODE: _____
HOME NUMBER: _____	CELL NUMBER: _____	DAY PHONE: _____	CELL: _____	WORK: _____
EMAIL ADDRESS: _____		EMAIL ADDRESS: _____		
PRESENT MARITAL STATUS: _____		PRESENT MARITAL STATUS: _____		
<u>ALTERNATIVE CONTACT IF PARENT / GUARDIAN IS NOT AVAILABLE:</u>				
NAME, HOME/ WORK/ CELL PHONES: _____				
EMAIL: _____		RELATIONSHIP TO CHILD: _____		
<u>MEDICAL CONCERNS / ALLERGIES</u>				
Known Health / Medical Concerns: _____				
Allergies: _____				

TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN~ PLEASE PRINT I hereby request Big Brothers Big Sisters service for my child. I give the agency my consent to assign a *Game On* volunteer to my child and I will cooperate with the agency and the volunteer to make this a positive experience for my child. I will not hold the agency liable in case of accident or injury that may result while my child is involved in the program.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Please List All Allergies or Medical Conditions of your child:

DISCLAIMER

All children involved in Big Brothers Big Sisters programs are required to participate in the Big Brothers Big Sisters Pre-Match Training logo. This session provides children information about general safety, internet safety, bullying, and sexual abuse prevention.

I understand that _____ will participate in the Big Brothers Big Sisters Pre-Match Training as part of the Game On program.

Parent/Guardian: _____

How did you hear about us?

- | | | |
|--|---|---|
| Television advertisements or interviews <input type="checkbox"/> | Special Events <input type="checkbox"/> | Websites <input type="checkbox"/> |
| Radio advertisements or interviews <input type="checkbox"/> | Friend/ Relative <input type="checkbox"/> | Brochure <input type="checkbox"/> |
| Newspaper advertisements or stories <input type="checkbox"/> | Billboard/ Bus Shelters <input type="checkbox"/> | Other(provide details below) <input type="checkbox"/> |
| Info from a current volunteer <input type="checkbox"/> | Applicant is a former Little <input type="checkbox"/> | |
| Social agency or school suggested <input type="checkbox"/> | Applicant is a former Big <input type="checkbox"/> | |

Details Re: Other _____

Why do you think your child would benefit from the Game On! program?

Is there any other information about your child you wish to provide?

What source of information would you like sent in the future?

- Events Promotional Information Newsletter/ Magazine





Big Brothers Big Sisters
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MEDIA RELEASE FORM

I, _____ hereby give permission to Big Brothers Big Sisters of the Annapolis Valley to use the image and/or words of my daughter/son _____.

Media may be used on platforms such as the agency website, Facebook, YouTube, email communications and external sites that have an affiliation to our agency. The term 'media' includes, but is not limited to: print materials, television, photographs, presentations, video, audio recording and computer generated images.

Name of parent/ guardian (please print)

Signature

Date

Witness

I have declined to sign the Big Brothers Big Sisters media release form for my child _____.

signature

date