



Dear Parent/Guardian,

Your child has been invited to be a part of the YMCA Calgary Kids in Motion Program

at Rosscamox Community Association

(Name of Kids in Motion Site)

Kids in Motion is a **Free** summer program that provides the chance for your children to connect with their local community through service learning initiatives which in turn they are later rewarded with recreational opportunities. Through this 'work for leisure' program the participants volunteer at local businesses in the morning and in the afternoon they will celebrate the work they have done by participating in a leisure activity. The values, lessons and opportunities these children gain from this program are invaluable as they learn to work as a team and share pride in a job well done. They gain the satisfaction of knowing that their work is appreciated by the community, which, in turn, helps to develop positive self-esteem

At YMCA Calgary we pride ourselves on our ability to provide the best in values based programming. The values that we focus on and incorporate into our daily programming are: **Responsibility, Caring, Honesty and Respect.**

Some activities your child might participate in are:

- 
- Spending time with seniors
- Creating a community mural
- Clean up a park
- Help out at their local pool
- Shelve books at the library
- Community Gardening

This in turn helps to:

- Develop a sense of community pride and belonging
- Build participants self-esteem
- Encourage recreational participation
- Encourage the practice of using the YMCA core values

The program is offered to children ages **9-12 years** and will run from 9:00am to 3:30pm on

Tuesdays & Thursdays for four weeks beginning July 5, 2016

(Days program is offered)

(First date of session)

Please read and fill out the attached application forms. It is very important that the entire registration package has been read and understood.

If you have any questions or concerns please contact Andrea Wiebe 226-236-4289

(Program Coordinator/ Phone/ Email)

We are looking forward to a successful and rewarding summer!

andreanicolerwiebe@gmail.com

Sincerely,

YMCA Calgary

Community YMCA — KIM Program



*Community YMCA*  
*Kids in Motion (KIM) Program*  
**Summer 2016**







## YMCA Calgary Mission Statement

YMCA Calgary is a charitable organization driven by its mission to facilitate and promote the spiritual, mental, physical and social development of individuals and to foster a sense of responsibility within the community.

## YMCA Values

At YMCA Calgary we pride ourselves on our ability to provide the best in values based programming. The values that we focus on and incorporate into our daily programming are:

- ◆ **Responsibility**
- ◆ **Caring**
- ◆ **Honesty**
- ◆ **Respect**

In addition, we further each child's personal development through:

- ◆ Strengthening **VALUES** and fostering personal growth
- ◆ Building a sense of responsibility within the **COMMUNITY**
- ◆ Encouraging and teaching respect for our **ENVIRONMENT**
- ◆ Developing and understanding of **GLOBAL** issues

## KIM History

The Kids In Motion program was initiated and successfully run by the City of Calgary for several years. Fourteen years ago the City approached YMCA Calgary to take on this program as it fit well with the YMCA Calgary mission statement and core values. This will be the 13th summer that Kids In Motion has been with YMCA Calgary.

## What is KIM?

Kids In Motion is a summer work for leisure program for youth ages 9 to 12. In the mornings, participants are involved in community projects such as the annual Food Drive in August, planting community gardens, visiting a senior's home or taking part in a project with a local business. In the afternoons the children are rewarded for their hard work and are able to participate in fun activities such as swimming or visiting local attractions. Children are also taken on a day trip to YMCA Camp Chief Hector in Kananaskis.



YMCA

We build strong kids,  
strong families, strong communities.



## Application Deadline for Kids in Motion, Friday June 17<sup>th</sup>, 2016.

Please check the KIM site you are registering for:

- Connaught  Rosscarrock  Millican-Ogden  West Dover  Vista-Mayland Heights  Inglewood  
 Marlborough Park  Albert Park-Radisson Heights  Huntington Hills  Falconridge  Forest Lawn

**KIM Sessions:**  Session 1 (July 4<sup>th</sup> – 28<sup>th</sup>)  Session 2 (Aug 2<sup>nd</sup> -25<sup>th</sup>) **T-Shirt Size:**  S  M  
 L  XL

### CHILD'S INFORMATION

First Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female   
                  year    month    date

Name of School: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Mother's / Guardian Name: \_\_\_\_\_ Father's / Guardian Name: \_\_\_\_\_

Home Phone (Mother / Guardian): \_\_\_\_\_ Home Phone (Father / Guardian): \_\_\_\_\_

Work Phone (Mother / Guardian): \_\_\_\_\_ Work Phone (Father / Guardian): \_\_\_\_\_

Child Resides with:  Mother  Father  Both  Other \_\_\_\_\_

Parent email (for YMCA communication only): \_\_\_\_\_

### AUTHORIZATION OF RELEASE

I hereby authorize \_\_\_\_\_ (child's name) to arrive and depart from YMCA Kids in Motion on his / her own accord.

I hereby authorize the following people to pick up my child at YMCA Kids in Motion site.

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Signature: \_\_\_\_\_

If there are any changes with these arrangements, I will give advance written notice.

Please list below, any **SPECIAL INSTRUCTIONS OR ANY PERSONS WHO ARE NEVER TO BE AUTHORIZED TO PICK UP YOUR CHILD.**

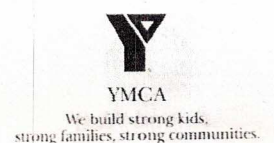
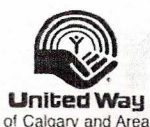
### PHOTO / MEDIA RELEASE

I hereby give my permission for my child to be photographed, interviewed and / or videotaped by YMCA Calgary staff and any media for the promotion of the YMCA Kids in Motion Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to your child's school or  
FAX to 403-508-2629 Attn: Owini Dharma







# YMCA CALGARY KIDS IN MOTION

## Medical Form

To be completed in FULL, signed by a Parent or Guardian, and returned to YMCA Kids in Motion by June 17, 2016. All information will be treated with the strictest confidence. While it is not necessary for your child to have a doctor's examination, we strongly encourage an exam if:

1. There has been no exam in the past 12 months.
2. You have any doubts about your child's ability to participate in any activity.
3. Your child has recently been hospitalized or treated, or if your child has been exposed to any communicable disease.

### HEALTH HISTORY

1. Are your child's immunization and booster shots up to date with school standards?  Yes  No  
*Prior to Kids in Motion Program commencement, please have your child's shots up to date.*
  2. Has your child recently been in contact with any contagious diseases?  Yes  No  
If yes, which disease \_\_\_\_\_ and when? \_\_\_\_\_
  3. Does your child have any serious fears? (i.e., water, dark,) \_\_\_\_\_
  4. Does your child have any allergies, conditions, or special medications? Please provide information on the following lines should your child have an allergic reaction.
 

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Animals
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Other _____
  5. Does your child have any physical challenges or limitations? \_\_\_\_\_
  6. Does your child have any of the following? Please check off and provide further information if necessary.
 

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Behaviour Disorders
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> AD/HD
<input type="checkbox"/> Asthma	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ear Infections	
- Further Information: \_\_\_\_\_

Provincial Health Care Number \_\_\_\_\_ and/or Blue Cross \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (if parent/guardian not available) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENTAL AUTHORIZATION**

The health history provided in this form is correct, so far as I know. The person herein described has permission to engage in all prescribed Kids in Motion activities, including out trips, except as noted by me and the examining physician. In the event that I cannot be reached in Emergency, I hereby give permission to the physician selected by the Kids in Motion Director to hospitalize my child as named.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please return to your child's school or  
FAX to 403-508-2629 Attn: Owini Dharma

