



Sarnia-Lambton

2022-2023 Out of School Program

Thank you for enrolling your child in our Out of School programs. We hope that they will enjoy the time that they spend with us.

After School Program: Monday-Friday 3:00p.m. - 6:00 p.m.

Weekly Rate: \$30.00 (includes P.A. Days)

Daily Rate: \$ 8.00

P.A. Day Programs - 9:00 a.m. - 5:00 p.m.

Rate: - \$30.00 per child

Subsidy Available for Program Fees

Drop-in Center: no charge for regular program, minimal charge for some special programming

Start Date: TBA

Please note room capacity and attendance may still be subject to the most current gov't/public health COVID regulations

A current medical form must be on file for each child participating in any of the BGC Sarnia-Lambton programs. A copy of your child's most recent immunization record and a current photo is also required. Please indicate the following on the back of the photograph; *Age, Height, Weight, Eye Colour, Hair Colour, other (Scars, freckles etc)*

Please note: if the above information is still on file from your child's attendance in our most recent Summer Camp program this information can be retained and doesn't need to be redone

Parent Handbook Available online /www.bgcsarnia.com/our-programs

If you have any questions or concerns, please speak to

Sarah Kiernan, Program Coordinator: Telephone: 519-337-3651

email: skiernan@bgcsarnia.com



United Way
Sarnia-Lambton
theunitedway.on.ca



2022-23 Out of School Programs

(Please complete a separate form for each child you wish to register)

Participant Information

Child's Name: _____ Age: _____ Grade: _____ Pronouns: _____
 Date of Birth _____ Address: _____ City: _____
 Postal Code: _____ Phone: _____ Email _____
 Child lives with: _____

Please speak to us if there are any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders

Primary Pickup and Emergency Contact

Name: _____ Relationship: _____
 Cell: _____ email address: _____

Secondary Pickup and Emergency Contact

Name: _____ Relationship: _____
 Cell: _____ email address: _____

Any Other Persons Authorized to Pick up Your Child

Name: _____ Cell: _____
 Name: _____ Cell: _____

Password: _____

Please ensure that anyone picking up your child is aware that they will have know the password and show photo ID

Please Select Required Program

After School Program \$30.00 Weekly (includes P.A. days) \$8.00 Daily Rate
 Drop-in Center may be minimal fees for some activities
 P.A. Day Program \$30.00

Enrollment/Payment Agreement

1. I understand that I am responsible for payment for each day/week that my child is enrolled in the Day Camp YES
 2. I understand that BGC Sarnia-Lambton's does not prorate for holidays or days that my child does not attend. YES
 3. I give consent for my child to be transported by BGC Sarnia-Lambton for Field Trips or emergency care. YES
 4. I have read and agree to abide by the terms in the Parent Handbook and Client Code of Conduct . YES
 5. I have completed the medical information form and provided a copy of my child's current immunization record YES
 6. I have provided a recent photo of my child . YES
 7. I consent for my child to be photographed, videotaped and/or interviewed for promotional use by BGC Sarnia-Lambton. YES
- I further understand that publication or use may occur in any media including newspapers, magazines, television, brochures, pamphlets, instructional material, books, internet, web pages and educational material. YES NO
8. I agree to abide by all of BGC Sarnia-Lambton COVID protocols. YES

Parent/Guardian Name: _____ Date: _____

Medical Form 2022- 2023

Please complete a separate form for each child that you are registering. If we already have a current Medical form on file, you may skip this step.

Participant Information

Child's Name: _____

DOB (MM/DD/YYYY): _____ Age: _____ Weight: _____

Health Card Number: _____

Physician: _____ Telephone No: _____

Medical Information

Does any of the following apply to your child?

ADHD ODD OCD Special Needs: _____

If yes to any of the above, please speak to us, as we may not be the most appropriate program for your child

Is your child subject to any of the following?

Please provide details

Motion sickness	<input type="checkbox"/>	_____
Headaches	<input type="checkbox"/>	_____
Fainting	<input type="checkbox"/>	_____
Cramping	<input type="checkbox"/>	_____
Ear Problems	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____

Date of last Tetanus shot _____

Is your child currently taking any medication? Yes No

Administration of Medication

Medication must be provided in original container, be properly labeled, and be picked up at the end of each day. Please advise staff of changes regarding medication

Medication Name	Dosage	Time of Dosage	Purpose	Instructions on how medication is to be administered



Sarnia-Lambton

Medical Form 2022- 2023

Pg 02 of 02

ALLERGIES

Carries an EpiPen:

Carries an Inhaler:

Please provide details

Seasonal:

Food:

Drugs:

Insect:

Other:

If an allergic reaction occurs, does the staff have your permission to administer treatment?

Yes No

As an additional precaution do you want The Club to post a Medical Alert form in our program areas? Yes (please see Program Coordinator for details)

The undersigned does give consent to _____ to participate in, the following programs at BGC Sarnia-Lambton

After School Program

P.A. Day Program

Drop-in Centre

Summer Day Camp

The undersigned authorizes the Boys and Girls Club of Sarnia-Lambton to obtain medical attention and hospitalization for the above named and does not hold BGC Sarnia-Lambton liable for any accident, injury, loss, theft or damage under reasonable and safe conditions.

Immunization Record
I have attached a copy of my child's current immunization record
Yes _____

Concussion Policy
I have been provided with, and reviewed, a copy of Concussion Basics and Return to Play Guidelines
Yes _____

Parent/Guardian Name _____

Date: _____

Please rate your child in the following areas

Grades	Select
Study habits	Select
Attitude Toward School	Select
Goal Setting Abilities	Select
Problem Solving abilities	Select
Organizational Skills	Select
Independent Thinking	Select
Ability to Initiate Activities	Select
Ability to 'Follow Through'	Select
Ability to take responsibility	Select
Ability to make and maintain friendships	Select
Empathy	Select
Honesty	Select
Kindness	Select
Sense of Fairness	Select
Respect for Rules	Select
Understanding of Consequences	Select
Creativity	Select
Interest and hobbies	Select
Body Image	Select
Fitness	Select

What would you like to see your child become more engaged in?

What would you like to see your child spend less time doing?

Thank you



Release of Liability

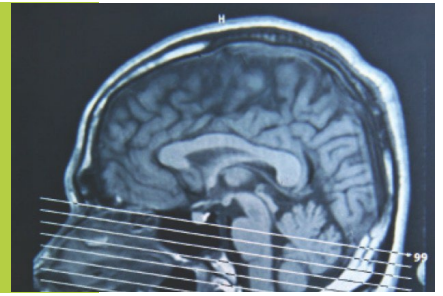
In registering _____ to attend BGC Sarnia-Lambton (BGCSL) Out of School programs, I, the undersigned parent/guardian or other duly authorized party, hereby agree as follows:

1. To permit my child to participate in the full range of BGCSL activities and authorize the BGCSL staff, in the event of accident, injury or illness affecting the above-named child to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as may seem essential for the care and well-being of the said child. Such action is to be taken only when immediate contact with the undersigned cannot be made.
2. Having investigated the activities and resources of the Club to my satisfaction, I understand that due care and attention will be given to the safety of all participants including my child or ward, but that the Club, its officers and directors, staff and volunteers cannot be held liable for any injury or loss, howsoever caused, and I release the Club, its officers and directors, staff and volunteers on behalf of my child or ward, from any liability and from all claims arising, directly or indirectly, from participation by my child or ward in Club activities. I further understand that the Club reserves the right to remove my child or ward from the program if the Club deems it necessary to ensure the safety and well-being of other participants

Parent/Guardian Name:

Date:

CONCUSSION: THE BASICS



What is a concussion?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans or MRIs. Any blow to the head, face or neck, or a blow to the body that jars the head, could cause a concussion.

What are the signs and symptoms of a concussion?

Symptoms of a concussion can appear immediately or a few days after the impact. Concussions can appear as a variety of symptoms, and each person might experience concussion in a different way. It is typical to experience one or more of the following symptoms:

PHYSICAL



- Dizziness
- Nausea or vomiting
- "Pressure in the head"
- Headache
- Balance problems
- Sensitivity to light
- Neck pain
- Seizure or convulsion
- Blurred vision
- Loss of consciousness

COGNITIVE



- Sensitivity to noise
- Feeling slowed down
- Fatigue or low energy
- Difficulty remembering
- Confusion
- Drowsiness
- Difficulty concentrating
- Amnesia

EMOTIONAL



- Irritability
- Nervous or anxious
- More emotional
- Feeling like in a "fog"
- "Don't feel right"
- Sadness

SLEEP



- Insomnia – unable to sleep
- Poor sleep quality
- Sleeping too much

What should I do if I suspect a concussion?

Anyone with a suspected concussion should be checked out by a medical doctor.

If any red flag symptoms are present, get medical help immediately. If the person is unconscious, call an ambulance. Do not move the person or remove any equipment, such as a helmet, in case of a spine injury.

How long does a concussion last?

The symptoms of a concussion often start to improve within 10-14 days, but may last longer. In some cases, it can take weeks or months to heal. If you have had a concussion before, you may take longer to heal the next time.

How is a concussion treated?

Care for a concussion can involve a variety of treatments and a team of health professionals, depending on the symptoms and how a person's condition improves. Common recommendations would include rest in the early days, followed by a gradual return to activity under the supervision of a medical professional.

Where can I get more information?

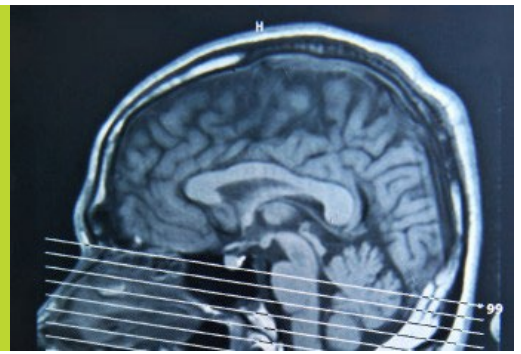
Parachute has resources to learn about concussion prevention, recognition, and management. Visit our website parachutecanada.org/concussion or download the [Concussion Ed App](#) for information on the go.

RED FLAGS



- Person complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling / burning in arms or legs

RETURN TO PLAY



A CONCUSSION is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a **minimum of one day** but could last longer, depending on the player and his or her specific situation.

If symptoms reappear at any stage, go back to the previous stage until symptom-free for at least 24 hours.

STEP 1: No physical/sporting activity.

Complete the *Return to Learn* protocol before beginning the *Return to Play* process. Refrain from participating in any sporting and physical activities. Only indulge in activities that do not worsen symptoms. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

STEP 2: Light aerobic exercise.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 3 the next day.

STEP 3: Sport specific activities.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 4 the next day.

STEP 4: Begin Drills without body contact.

Symptoms? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

No symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

STEP 5: "On Field" practice with body contact, once cleared by a doctor.

Symptoms? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

No symptoms? Proceed to Step 6 the next day.

STEP 6: Game play.

NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.

HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. **The only way to heal a brain is to rest it.**

HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor maybe required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit www.casem-acmse.org for more information. You can also refer your doctor to parachutecanada.org for more information.

WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!