



**Big Brothers Big Sisters**  
of St. Catharines-Thorold and District

**PARENT PACKAGE  
FOR  
GAME ON!**



**Big Brothers Big Sisters  
428 Niagara St.  
St. Catharines, On**



**Big Brothers Big Sisters**  
of St. Catharines-Thorold and District



Dear Parent or Guardian,

*Game On! Eat Smart, Play Smart, Live Smart* is an exciting group mentoring program offered by Big Brothers Big Sisters St. Catharines-Thorold & District. This program takes place at local schools across the Niagara Region.

Game On! provides boys with the information and support needed to make informed choices about a range of healthy lifestyle practices. Through non-traditional physical activities complemented with healthy eating support, participants are engaged in life skills, communication, and emotional health discussions designed to engage participants in the pursuit of healthy lifestyles.

A group of 8 – 12 boys will be paired with two or three male mentors, aged 18 – 25. The program consists of about 7 sessions. Each session will be fun-filled, active, and informative. Running shoes and appropriate physical education attire will be required. Please indicate on the attached form whether you permit your child to take part in the Game On! program. Your cooperation is very much appreciated as your son cannot participate without your permission.

Sincerely,

Anthony LoConte  
Game On! Caseworker  
Big Brothers Big Sisters  
St. Catharines-Thorold & District

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**St. Catharines, ON**



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## **Informed Consent (Site Based) - Parent**

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I hereby make formal application to Big Brothers Big Sisters St. Catharines Thorold & District to make available their service to my child. It is my understanding that the intention of the Agency is to match my child, in an individual or group program, with a responsible adult, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a Mentor who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters St. Catharines Thorold & District, 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 St. Catharines Thorold & District, with my child's Mentor so that my child's needs in a Mentoring relationship may be best met.

I understand that I am under no obligation to accept a Mentor for my child, that the Agency is under no obligation to provide my child with a Mentor and that this application is the property of Big Brothers Big Sisters St. Catharines Thorold & District. I also agree that my child will participate in the Pre- Match Training Program administered by Big Brothers Big Sisters St. Catharines Thorold & District.

### **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 the agency my consent to assign a Mentor to my child. 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\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness



**Big Brothers Big Sisters**  
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### MEDIA CONSENT FORM – CHILD/YOUTH

Re: \_\_\_\_\_  
Name of Child/ Youth

\_\_\_\_\_  
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 St. Catharines-Thorold and District 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 President/Executive Director/CEO 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Note: Confidentiality concern*

- Please check here if you do **not** want your picture or your child's picture used or if you have a safety concern.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

# Game On! Participant Information Sheet

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**\*\* Please print clearly \*\***

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Parent/ Guardian Full Name: \_\_\_\_\_

Parent/ Guardian Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to Child: \_\_\_\_\_

Additional Information: (health issues, allergies, medications, etc.)

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## Jumpstart Permission Form: Game On!

Big Brothers Big Sisters brings the Game On! program to schools in your community for **free!** While there are **no costs** to the students who participate in this in-school program, there are costs to BBBS to run it. Big Brothers Big Sisters receives funding from the **Canadian Tire Jumpstart program**. Part of the funding requirement is to collect information on behalf of Jumpstart. Please know: Jumpstart does not share this information with anyone, it is used strictly for their administration purposes. With the help and money we receive from Canadian Tire Jumpstart, we continue to bring free programs to your children.

Child's Name (First & Last): \_\_\_\_\_

Male or Female: \_\_\_\_\_

Birth date (dd/mm/year): \_\_\_\_\_

Postal Code: \_\_\_\_\_

Permission to Contact Applicant (circle)      Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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