

S.I.S.T.E.R.S. Wellness & Leadership Registration

WKF / Game Ready Fitness • 2026 Coquitlam

AFTERSCHOOL ONLY

REGISTRATION DETAILS

Program dates	Program time	Program days
October 5 – December 18, 2026	3:00 PM – 6:00 PM	☐ Mondays ☐ Wednesdays ☐ Fridays

Program location: Game Ready Fitness Coquitlam, 2700 Barnet Hwy, Unit 106. Enter at the back of the building off Aberdeen Ave.

PARTICIPANT INFORMATION

Child's legal last name	First name	Grade	Gender

Birthdate (month/day/year)	Child Care Card #	School

Home address	City	Postal code

Allergies / dietary restrictions

Medical conditions or medications the child is taking

PARENT / GUARDIAN CONTACT INFORMATION

Guardian name	Primary phone	Secondary phone

Email address(es)

Emergency contact name	Relationship to child	Phone

Authorizations & Transportation

Please read each section and complete all applicable fields.

EMERGENCY MEDICAL AUTHORIZATION

In the unlikely event that the participant named above is injured or becomes seriously ill while with this program and I cannot be reached, I authorize staff to seek and authorize any hospitalization, medical, dental, and/or surgical treatment deemed advisable under the circumstances. While every reasonable precaution is taken, I understand that participation involves some risk. I agree to release the program providers, staff, and volunteers from liability for injury to the participant or for loss or damage to personal property, to the extent permitted by law.

Parent / guardian signature

Date

A guardian signature is required for your child to be admitted into the program.

PICK-UP / DROP-OFF INFORMATION

Please select the option that applies:

Select	Transportation option
☐	I would like my child to be picked up and dropped off at a designated location in Coquitlam (to be determined).
☐	I or a designated adult will drop off and pick up my child at the centre.
☐	I would like my child to be picked up, and I or a designated adult will pick up at the Coquitlam centre.

If selecting the designated-location option, further details will be provided once the location is confirmed.

List the names and contact numbers of adults authorized to pick up your child:

Authorized adult name	Contact number	Authorized adult name	Contact number

Important: Your child will NOT be released to anyone who is not listed above without prior authorization.

FIELD TRIP CONSENT

Your child may have opportunities to participate in community outings as part of the program. These outings may involve walking to nearby locations or traveling by program-provided transportation to designated sites. All trips will be supervised by trained staff and designed to enhance your child's learning and engagement in wellness, leadership, and personal growth activities. By signing below, you confirm whether you allow your child to participate in these planned program outings.

Consent

Select one

☐ I give permission for my child to participate in planned program outings.

☐ I do not give permission for my child to participate in planned program outings.

Parent / guardian signature

Date

Media / Website Consent Form

Please select your preferences for your child.

NEWS MEDIA

We occasionally receive requests from news media to interview, photograph, or video record students in connection with news stories. Reporters may also be invited to schools to publicize events and student successes. We try to cooperate with media whenever possible while prioritizing family privacy. Please indicate your preference below.

Consent choice

☐ YES — I give consent for the news media to publish or broadcast my child's picture and/or name as described above.

☐ NO — I do not give consent for the news media to publish or broadcast my child's picture and/or name in situations where the school or school district has control over that activity.

Please note: Schools and partners cannot control news media access or photos/videos taken at public locations, such as field trips or public school events, including sports tournaments, student performances, and school board meetings.

WEBSITES & PUBLICATIONS

In accordance with the Freedom of Information and Protection of Privacy Act, consent is required to use a student's full name and/or photograph/video publicly, such as on school or district websites or in written publications including brochures, reports, and advertisements. Please indicate your preference below.

Consent choice

☐ YES — I give consent for my child's name, photo, or video to be published as described above.

☐ NO — I do not give consent for my child's name, photo, or video to be published as described above.

Student's name (print)

Division

Grade

Parent / guardian signature

Date

Secondary student signature (if applicable)

Date
