



Free Children's Afterschool Program: Ranchland Kids

Come join us in various fun games, crafts, and activities to build our social and emotional skills.

Grades: 4-6
Date: Tuesday & Thursday
September 23th, 2025 – May 14th, 2026
Time: 3:50pm – 5:50pm
Location: Ranchlands School
– Main Gym (610 Ranchlands Blvd NW)

Contact Jenn Stroeder at Jennifer.Stroeder@calgary.ca for more information and to get registered!

In partnership with:

**Calgary
AfterSchool**



PARTICIPANT INFORMATION

CD 498 (R2023-02)

ALL FIELDS ARE MANDATORY UNLESS OTHERWISE SPECIFIED

Participant Surname, First Name (please print)		Date of Birth (YYYY-MM-DD)	Age
Gender Identity (optional) ☐ Girl/Woman ☐ Boy/Man ☐ Trans/Non-Binary/Two Spirit ☐ Prefer to self-describe: _____		Pronouns: _____ School Grade	
Community You Live In	Address		
Parent/Guardian Surname, First Name (please print)	Relationship to Participant	Phone (____)_____ Home Numbers (____)_____ Work (____)_____ Cell Email _____	
Emergency Contact Surname, First Name (please print)	Relationship to Participant	Phone (____)_____ Home Numbers (____)_____ Work (____)_____ Cell	
Emergency Contact Surname, First Name (please print) (Other than Parent or Guardian)	Relationship to Participant	Phone (____)_____ Home Numbers (____)_____ Work (____)_____ Cell	
Please state any allergies , medical conditions, medications*, food restrictions or exemptions that we should be aware of. (If your child/youth requires medication, please complete a "Medication Form" on the first day of program.			
*Medications MUST be brought daily, in their original container, with a label indicating the type of medication, dosage, participant's and physician's name.			
Please let us know if your child/youth has a disability or any specific needs (physical, emotional, behavioural or developmental) that staff should be aware of.			
Child Pick-up Information: To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Please indicate below which method of pick-up is the best for your family. Unless otherwise indicated below, your child will only be released to those listed at the top of this form. (ID may be required). ☐ Other family members or friends, as indicated below, may pick-up my child (ID may be required). Name(s): _____ ☐ My child is allowed to sign themself out at the end of the program. We recommend a meeting place is predetermined that both you and your child are familiar with. Once signed out from the camp, we " release care " of that child and are no longer responsible for their welfare. (Some facilities may have specific age restrictions.)			
Program Name:	Program Community:	Program Session/Dates:	
Parent/Guardian's Signature:		Date YYYY-MM-DD	
(I have read the information contained on this page and have answered all of the questions to the best of my knowledge)			

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta and will be used for the purpose of program registration, participant safety and program reporting. Should you have any questions or concerns regarding the collection and use of your personal information please contact the Social Programs Coordinator, Recreation and Social Programs, Mail Code #130 The City of Calgary, 800 Macleod Tr. S.E. P.O. Box 2100, Station M. Calgary, AB T2P 2M5, 403-801-9755.



ASSUMPTION OF RISK AND INFORMED CONSENT

X 631 (2016-07)

**By signing this document, you understand and accept the risks associated with the Event for your child as his or her parent or legal guardian.
Please read carefully!**

In consideration of permission, granted now or in the future by The City of Calgary (The City) to
participate in _____

_____ (The Event) on _____, 20 ____, I agree and acknowledge that:

1. _____ (my Child) has met all of the prerequisites required for participation in The Event and will abide by its rules and regulations.
2. Participation in The Event has risks and hazards. As a participant my Child may suffer property damage, personal injury, and even death. I freely and voluntarily assume all of the risks and hazards of participation, including the legal risk. This means that I am giving up my right to sue the City for any reason, including negligence, if my Child suffers any damage, injury, loss or death by participating in the Event.
3. I waive any claim I may have against The City arising from my Child's participation in The Event, however it is caused, and I agree to indemnify and hold harmless The City from all claims arising from my Child's participation in The Event.
4. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my Child's health and safety and I shall be financially responsible for such advice and services.

DATED at Calgary, Alberta this _____ day of _____, 20____

Name of Parent or Legal Guardian
(Please Print)

Signature of Parent or Legal Guardian

Date of Birth of my Child (YYYY-MM-DD)

The personal information collected by this form is obtained under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta) . The information will be used for the purpose of managing access to the The Event. If you have any questions regarding the collection and use of this information please contact Manager of Supply at 403-268-5579.

ISC: Protected



MODEL AGREEMENT AND RELEASE

X 626 (R2016-10)

I hereby authorize The City of Calgary and its representatives to videograph/photograph or otherwise capture my photo, video and/or audio (collectively the "Recordings") at the event or location noted below:

Event/Location _____

Date _____
(YYYY-MM-DD)

I understand that the Recordings will form part of The City's Corporate Image Library and may be used by The City of Calgary ("The City") for marketing, public relations and promotional activities of The City and its affiliates for a period of 15 years from the date consent is signed.

I voluntarily give my consent and authorize The City and its affiliates to use, reuse, distribute or publish the Recordings in any or all of its publications, reports, documents, videos, promotional, advertising, printed or electronic materials (collectively the "Materials"), including posting the Recordings on its social media or online sites. I relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will not receive any compensation should the Recordings be used.

I understand that I may revoke this consent at any time by contacting 311. If I revoke my consent, I agree that The City will not be required to destroy or stop using any Materials that have been or are currently being mass produced for circulation among the general public, prior to my revocation.

In consideration of my use of the services provided I hereby release and hold harmless The City, its affiliates, their agents, employees, official's representatives and contractors from any and all claims or liability for damages arising from the use, reuse, distribution or publication of the Recordings. I am over the age of 16 (sixteen) years.

IF THE MODEL IS UNDER THE AGE OF 16 (SIXTEEN), THE PARENT OR GUARDIAN OF SUCH PERSON SHALL AUTHORIZE THE FOLLOWING:

I, the undersigned, for good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, hereby warrant that I am the parent or guardian of the minor(s) featured in the Recordings, having read and understood the contents of this document, do hereby consent to those matters stated above and hereby irrevocably release and agree to indemnify The City of Calgary from any and all liabilities of any kind in connection with the use of Recordings as contemplated above.

Name of Model	Name of parent/guardian (column to be used only if the model is under the age of sixteen)	Signature	Image(s) # Photographer use only
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Information is being collected pursuant to the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, RSA 2000 and may be used for the administration of City of Calgary programs including public relations events. If you have any questions regarding the collection use and disclosure of this information, please contact 311.



RELEASE & PARTICIPANT MEDICATION
PERMISSION AND RECORD

R 1692 (R2017-10)

Name of participant “my child”		
Medication Instructions (complete a new form for each medication)		
I hereby request that the medication described below be administered to my child.		
Medication Name: _____		
Time to be administered: _____ am / pm	Dosage: _____	
Time to be administered: _____ am / pm	Dosage: _____	
Special Requirements (with/without food, liquids, refrigeration, etc.)		

MEDICATION PERMISSION
(MUST be returned to the program leader on the first day of the program)

I hereby request and grant permission for my child

_____ (name of participant/my child)

to receive his/her medication at the following Calgary Recreation program(s):

Medication shall be (please check one):

- ☐ **SELF-ADMINISTERED**
Participant will secure the medication and administer themselves. There is no action required by program staff.
- ☐ **STAFF MONITORED**
Program staff will store the medication and supervise the intake of medications according to the information provided by the parent.



RELEASE & PARTICIPANT MEDICATION PERMISSION AND RECORD

R 1692 (R2017-10)B

The person who will be administering this medication is not a healthcare professional, but I have satisfied myself that they can carry out this responsibility. _____ (initial)

It is my responsibility to ensure that The City of Calgary is given up-to-date, accurate and complete information regarding the medication. _____ (initial)

It is my responsibility to provide clear instructions regarding the use of the medication and ensure the medication in containers is clearly labelled by a pharmacist with instructions regarding its storage and dosage. _____ (initial)

It is my responsibility to immediately advise The City of Calgary of any changes regarding the use of the medication. _____ (initial)

The first dose of any new medication must be given at home. _____ (initial)

The City may secure such medical advice and services as it, in its sole discretion may deem necessary for the health and safety of my child and I shall be financially responsible for such advice and services. _____ (initial)

I have read the procedures outlined on this form and assume responsibility as required. _____ (initial)

To be completed by program staff					
Date	Time	Type of Medication Administered	Dosage Given	Monitored By	Witnessed By

In consideration for the City of Calgary allowing my child to participate in the above noted program(s) notwithstanding my child's need for the administration of medication as I have outlined on this form:

I, on my own behalf and as guardian, on behalf of my child release and discharge The City of Calgary, its agents and employees from any and all claims, actions, demands, damages, losses or costs of any kind, including any claims for personal injury or negligence arising out of the maintenance, storage, administration of or failure to administer medication as outlined on this form.

I, agree to indemnify and hold harmless The City of Calgary, its agents and employees from any and all claims, actions, demands, damages, losses or costs of any kind including any claims for personal injury or negligence arising out of the maintenance, storage, administration of or failure to administer medication as outlined on this form.

I understand that by signing this form I may effect my legal rights and those of my child as against The City of Calgary, its agents and employees.

Parent or Guardian (print)
(If participant is under 18 years of age)

Parent or Guardian (signature)
(If participant is under 18 years of age)

Date (YYYY-MM-DD)

Witness Name
(please print)

Witness Signature

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of supplying information about a program participant's medical needs and for staff to record the medication administered. For more information contact the Customer Services Centre at 403-268-3800.

ISC: Protected



August 27, 2025

Dear Parents and Guardians,

This year, the City of Calgary Social Programs will be implementing a 'Family Password' system for pickups of any program participants who do not have permission to walk home on their own. Each family will have their own password, determined by you, which will be required from anyone picking up your child(ren) at the end of programming.

Please complete the information below to confirm a password for your child(ren):

Child(ren) Name: _____

School: _____

Family Password: _____

Date: _____

Parent/Guardian Signature: _____

Please ensure that you and any other individuals picking up your child(ren) know this password. In the case that the person picking up your child does not know the family password, you or another emergency contact will be called to confirm if your child(ren) can be released to this person. As with all passwords, we ask that you keep this password private and only share it with the people who would need it to pick your child(ren) up.

Should you have any questions about this new process, please do not hesitate to reach out to me at the contact info listed below.

Thank you,

Jenn Stroeder (pronouns: she/her)

Social Program Specialist

Recreation and Social Programs, Community Services

The City of Calgary | Mail code: #94

E: Jennifer.stroeder@calgary.ca

C: 403.988.9458

FOIP Statement

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) Section 33(c) for the purpose of program evaluation and planning. The data will not be shared beyond The City of Calgary and the agencies that collected it, where it will be aggregated, analyzed and reported. The findings will be used to determine overall program effectiveness to improve services for all participants. Completion of demographic and survey data is voluntary. If you have any questions about the use of the information, please contact The City of Calgary at fcss.indicators@calgary.ca and a Research Social Planner will respond.

Client ID - Administrative Data for Use with Indicator Surveys

Survey 003

If you are administering a set of survey questions, you will need to enter the following information before you can enter the survey data into the FSII database:

Test Date: (MM/DD/YYYY)

Program:

Enter Client ID:

First 2 letters of first name:

First 2 letters of last name:

Date of Birth: (MM/DD/YYYY)

Age:

FSII Demographic Survey

Survey 001

Registration date: DD: ____ MMM: ____ YYYY: ____

Age: (age) ____ Grade in school (if applicable): (grade) ____

Gender: (gender) ☐ Male⁽¹⁾ ☐ Female⁽²⁾ ☐ Transgender⁽³⁾ ☐ Prefer not to disclose⁽⁸⁸⁾ ☐ Or please specify⁽³⁾: ____

What neighbourhood do you live in? (neighb) ____ First three digits of your Postal code: (postalcode) ____

Language spoken most often at home: (choose only 1) (homelang)

☐ English ⁽¹⁾ ☐ French ⁽²⁾ ☐ An Indigenous language ⁽³⁾ ☐ Arabic ⁽⁴⁾ ☐ Cantonese ⁽⁵⁾ ☐ Dinka ⁽⁶⁾ ☐ Farsi ⁽⁷⁾ ☐ Hindi ⁽⁸⁾	☐ Korean ⁽⁹⁾ ☐ Kurdish ⁽¹⁰⁾ ☐ Mandarin ⁽¹¹⁾ ☐ Nuer ⁽¹²⁾ ☐ Pashto ⁽¹³⁾ ☐ Polish ⁽¹⁴⁾ ☐ Punjabi ⁽¹⁵⁾	☐ Somali ⁽¹⁶⁾ ☐ Spanish ⁽¹⁷⁾ ☐ Tagalog ⁽¹⁸⁾ ☐ Urdu ⁽¹⁹⁾ ☐ Vietnamese ⁽²⁰⁾ ☐ Other (Write-in): (langoth) ____
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Primary population group: (choose only 1 and, if appropriate, write in the other(s) below) (popgrp)

☐ Caucasian ⁽¹⁾ ☐ Chinese ⁽²⁾ ☐ South Asian (Indian, Pakistani, Sri Lankan, etc.) ⁽³⁾ ☐ African/Caribbean ⁽⁴⁾	☐ Filipino ⁽⁵⁾ ☐ Latin American ⁽⁶⁾ ☐ Southeast Asian (Vietnamese, Cambodian, Thai, Laotian, etc.) ⁽⁷⁾ ☐ Arab/West Asian ⁽⁸⁾	☐ Korean ⁽⁹⁾ ☐ Japanese ⁽¹⁰⁾ ☐ Indigenous (First Nations, Metis, Inuit) ⁽¹¹⁾
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If more than one group not listed, write other population group(s): (popgrpOTH) ____

Indigenous identity: (aborid) ☐ Not applicable⁽⁷⁷⁾ ☐ First Nations (Status/Non-Status) ⁽¹⁾ ☐ Métis ⁽²⁾ ☐ Inuk (Inuit) ⁽³⁾

Born in Canada: (borncan) ☐ No ⁽¹⁾ ☐ Yes ⁽²⁾

If not born in Canada, country of birth: (country) ____ year of arrival: (yrscan) ____

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