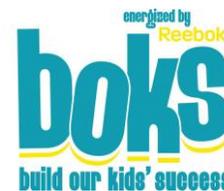


# BOKS Registration Form



Dear Parents,

**Starting on Tuesday, February 6<sup>th</sup> and ending Tuesday, May 15<sup>th</sup>** we are pleased to offer our Grade 4/5 students a program called BOKS (Build Our Kids Success). BOKS promotes the impact that physical activity has on a child's mind, body and spirit.

The program aims to get elementary school aged children moving in the morning to help ready their brains for a day of focused learning. BOKS was founded on the principle that ACTIVE KIDS = ACTIVE MINDS. Research has shown that exercise is the single most powerful tool that we have to optimize the function of our brains. We encourage you to learn more about the BOKS program at [www.bokskids.org](http://www.bokskids.org).

## CURRICULUM

Led by a certified BOKS trainer, **once a week on Tuesdays, BOKS will begin at 8:15 a.m. and end at 8:50 a.m.** The curriculum starts with a warm up and flows into organized active play that includes running, related activities, obstacle courses and games that incorporate functional fitness movements such as sit ups, jumping, lunges, etc. The session ends with a cool down period and nutritional tips.

## FUNDING

**BOKS does not charge a fee for enrollment. It is a FREE physical activity program hosted at our school.**

The program is fully funded in partnership with the Public Health Association of Canada, the Canadian Football League Association and the Reebok Canada Fitness Foundation.

## REGISTRATION

To participate in this program, please fill out the registration information below and **return this form to the office no later than Monday, February 5, 2018.**

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## REGISTRATION INFORMATION:

Last Name:		First Name:	
Street Address:			
City:		Prov:	Postal Code:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Date of Birth (mm/dd/yyyy):	
School: <i>RC MacDonald Elementary</i>		Grade:	Teacher:
Allergies/Medical Conditions:			
Does your child require the use of: (check all that apply) EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> None <input type="checkbox"/>			
Does your child have one in his/her backpack? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can he/she use it without an adult? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you like us to be aware of any other challenges your child may have?			
Name of Parent/Guardian:			
Daytime phone number of Parent/Guardian:			
Emergency Contact (not parent):			
Phone #:		Relationship:	