**Dear Grade 4 Parents/Guardians,**

You and your grade 4 child are invited to participate in the Child and Youth Network’s ***ACT-i-Pass Program***. The ACT-i-Pass is a card that grants your child (plus one friend, family member, or chaperone) ***FREE*** access for many of London’s recreation centres and programs from July 2018 until June 2019**, including the City of London/Spectrum, The Boys and Girls Club of London, The YMCA of Western Ontario, Children’s Museum of London, and SARI Therapeutic Riding.**

The purpose of the program is to increase a child’s ability to participate in physical activity, which can improve health, lengthen life, decrease illness, reduce screen time, and increase play in their lives! This project has been endorsed by, and has passed the ethical standards of, your child’s school board and Western University.

**To register your child for the *ACT-i-Pass*…**

* Complete the ***ACT-i-Pass Registration*** and optional ***demographic questions*** online at any time at [inmotion4life.ca/actipass](http://inmotion4life.ca/actipass) before *May 31st, 2019*

OR

* Clearly fill out the paper ***ACT-i-Pass Registration*** section on the ***registration form,*** including your mailing address so we can mail the card directly to you;
* Complete the optional ***demographic questions***;
* Return the ***registration form*** to your child’s teacher by *May 18th, 2018*

**If you register before May 18th 2018, you will…**

* Receive the ***ACT-i-Pass*** by mail in early July 2018; and
* Are able to use your pass to access recreational facilities and programs throughout London between July 2018 and June 2019.

Thank you for your interest in the program. To learn more about the program you can please visit our ***seasonal schedules****,* ***informational videos***, ***frequently asked questions***, and ***ACT-i-Pass in the News*** on the project websites at [www.inmotion4life.ca](http://www.inmotion4life.ca)/actipass or [www.playeveryday.ca](http://www.playeveryday.ca).

Kindly,

London’s Child & Youth Network

|  |  |
| --- | --- |
| Western University Evaluation:  Dr. Andrew Clark & Dr. Jason Gilliland  [playeveryday@uwo.ca](mailto:aclark2@uwo.ca)  519-661-2111 x82619 | CYN-HEHPA Project Manager:  Danielle Tobin  [dtobin@london.ca](mailto:dtobin@london.ca)  519-661-2500 x2313 |

**ACT-i-Pass Registration Form**

The following information will only be used to contact you about the ACT-i-Pass program. All personal information will be stored and managed by Western University under its ethical standards. By providing this information, you agree to allow your child to participate in the ACT-i-Pass program.

*If you prefer to register and complete the optional survey* ***online****, please visit* [*inmotion4life.ca/actipass*](http://www.inmotion4life.ca/actipass)*. Simply complete the online form and your child will be registered for the ACT-i-Pass program.*

*If you have any questions or concerns, please contact the evaluation team at* [*playeveryday@uwo.ca*](file:///C:\Users\Andrew\Downloads\playeveryday@uwo.ca)*.*

**Please print clearly so we can ensure your child receives their pass in July.**

-

**Child’s Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name Child’s Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name Grade 4 Teacher

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit # House # Street Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

CityPostal Code

**Parent /Guardian Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian First Name Parent/Guardian Last Name

(\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Daytime Phone # Evening Phone #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

Check here if you would like to receive the ***ACT-i-Pass monthly newsletter*** by email. This newsletter will provide you with information about the program, including schedule updates, service provider profiles, and other opportunities in the City of London.

**Signatures:**

I have fully completed the above information accurately; I understand the rules of the Child & Youth Network’s ACT-i-Pass program, and the rules of partnering organizations. I have explained the rules to my child and agree that the Child & Youth Network and partnering organizations will not be responsible for any accident to the child while on the premises of facilities or while engaged in any activities in the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

**Research Project Letter: Evaluate the Impact of the Grade 5 Act-I-Pass Program on Children’s Use of Recreation Facilities in London for Physical Activity**

Dear Parent or Guardian,

Dr. Jason Gilliland and his research team from Western University invite you to participate in a study aimed at understanding how the ***Grade 5 Act-I-Pass*** may impact your child’s use of local recreation facilities and programs for physical activity. The study involves grade 4 classes at elementary schools in London, Ontario in May 2016.

**What is being studied?** Our team is studying the effectiveness of the Child & Youth Network’s Grade 5 ACT-I-Pass Pilot Program, to evaluate its effectiveness for improving children’s access to public recreation facilities and programs, and increasing their participation in physical activities.

**What will happen in this study?** As the child’s parent/guardian, you will be asked to complete the Demographic Questions on the registration form*.* The survey asks questions about your household and your child. It usually takes about 5 minutes to fill out.

**Do I have to participate in this study?** Your participation in this study is *completely voluntary*. You do not have to participate and can refuse to answer any questions. Participation in the study is not required for you to receive the ACT-i-Pass.

**What are the benefits of participating**? Research shows that our children`s health may be related to how well they can access recreation opportunities. This study will help us to better understand the impact of neighbourhood recreation facilities on children`s healthy physical activity to help policymakers and municipal staff remove existing barriers to physical activity.

**What are the risks of participating?** There is a slight chance that you may be uncomfortable sharing details of your family, which may be seen by your child’s teacher while the survey is being collected. We will also be collecting postal codes to estimate distance to the nearest recreation facility, addresses to send you the ACT-i-Pass through the mail, and phone number/email to allow us to get in touch if you move before receiving the ACT-i-Pass. All identifying information will be stored separate from other survey data. Materials and data files will ONLY be viewed by members of the research team and will be stored in a locked filing cabinet until transferred onto a password protected computer in a secure facility at the University of Western Ontario. The results of this study will only be presented for groups so that children will never be individually identifiable.

**Who do I contact if I have any other questions?** Should you have any questions or concerns about participating in this project, you can contact the lead researcher, Dr. Jason Gilliland, at the University of Western Ontario (519-661-2111x81239 or [jgillila@uwo.ca](mailto:jgillila@uwo.ca)). If you have any further questions regarding your rights as a study participant, please contact the Office of Research Ethics (519-661-3036 or [ethics@uwo.ca](mailto:ethics@uwo.ca)).

This letter is for you to keep. Please return the attached Registration form and parent survey to your child’s teacher.

**By completing the optional Parent Survey of the registration form you are providing your consent to participate in this study.**

*Thank you for the generous support of the ACT-i-Pass funders:*

**Parent Survey *(Optional)*:**

This information is being collected to inform the Child & Youth Network about who is registering for the ACT-i-Pass program. This will help us identify how to improve the program to reach more children in different areas of the City.

# Today’s date (mm/dd/yyyy)? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

## *Physical activity* is any activity that increases the heart rate and causes someone to be out of breath. Physical activity can take place while playing sports, doing school activities, playing with friends, or walking to school.

# Which of the following physical activities does your child usually do during a typical WEEK? (from the start of the current term, do NOT include school holidays)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During a typical WEEK what activities does your CHILD usually do? | **MONDAY – FRIDAY** | | **SATURDAY - SUNDAY** | |
| Number of times | Average number of minutes per time | Number of times | Average number of minutes per time |
| Walking to/from School (walking to and from school counts as 2) |  |  |  |  |
| Biking to/from School |  |  |  |  |
| Skateboard or Scooter to/from School |  |  |  |  |
| 4 Square or Other Playground Games |  |  |  |  |
| Baseball / Softball |  |  |  |  |
| Basketball |  |  |  |  |
| Bicycling |  |  |  |  |
| Gymnastics / Trampoline / Dance |  |  |  |  |
| Hockey / Ringette |  |  |  |  |
| Ice Skating |  |  |  |  |
| Play on Playground Equipment |  |  |  |  |
| Skateboard / Scooter / Rollerblading |  |  |  |  |
| Skipping / Tag / Running Games |  |  |  |  |
| Soccer |  |  |  |  |
| Swimming |  |  |  |  |
| Volleyball |  |  |  |  |
| Walking (e.g., a dog, for exercise) |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

# Over the past 7 days, on ***how many days*** was your child physically active for a total of at ***least 60 minutes per day***?

0 days  1 day  2 days  3 days

4 days  5 days  6 days  7 days

# About how many ***hours a week*** does your child usually take part in physical activity that makes him/her out of breath or warmer than usual ***outside of school*** while ***participating in lessons or league or team sports***?

Never  4 to less than 7 hours per week

Less than 2 hours per week  7 or more hours per week

2 to less than 4 hours per week

# About how many ***hours a week*** does your child usually take part in physical activity that makes him/her out of breath or warmer than usual ***outside of school*** while participating ***in unorganized activities***, either on own or with friends?

Never  4 to less than 7 hours per week

Less than 2 hours per week  7 or more hours per week

2 to less than 4 hours per week

# On a typical ***school day***, how many hours does your child spend using a TV, computer, or mobile device (e.g., cell phone, tablet) for something that is not school work?

# less than 1 hour 1 to less than 2 hours 2 to less than 3 hours

# 3 to less than 4 hours 4 or more hours

# On a typical ***weekend day***, how many hours does your child spend using a TV, computer, or mobile device (e.g., cell phone, tablet) for something that is not school work?

# less than 1 hour 1 to less than 2 hours 2 to less than 3 hours

# 3 to less than 4 hours 4 or more hours.

# My child is a: Boy Girl Other

# What is your child’s birth date (mm/dd/yyyy)? **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_**

# Please indicate your child’s race/ethnicity (please check the appropriate response(s)):

White/Caucasian  Latin American

South Asian (e.g., India, Pakistan, Sri Lanka)  Aboriginal/Indigenous

East Asian (e.g., China, Japan, Korea)  Black/African/Caribbean

Middle Eastern (e.g., Egypt, Iran, Lebanon)

# Are you and your family immigrants to Canada? If so, how long have you lived in Canada?

Not immigrants  5 years or less  6 to 10 years  More than 10 years

# How many people live in your child’s main home? 2 3 4 5 6 or more

# How many children live in your child’s main home? 1 2 3 4 5 or more

# How many cars are owned by your household? 0 1 2 3 or more

# My child’s current height is: \_\_\_\_\_\_\_\_ cm OR \_\_\_\_\_ ft \_\_\_\_\_ in OR Prefer not to answer

# My child’s current weight is: \_\_\_\_\_\_\_\_ kg OR \_\_\_\_\_\_\_\_ pounds OR Prefer not to answer

# Do you have any feedback or comments regarding the ACT-i-Pass program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_