



**ABORIGINAL YOUTH FIRST
PROVINCIAL OUTDOOR LEADERSHIP APPLICATION FORM
Leadership Camp **Aug 13-22, 2012****

(Log on to www.youthfirst.ca for all forms & more details)

All participants must complete and send in this application. Please choose one of the options listed below.

- I would like to apply for the (AWSI / WSI) - Lifeguard Certification program. (*You must be 15 years old for certification.*)
- I would like to apply for the Combo course including the Open Water Diving Certificate and the Bronze Medallion / Cross Lifesaving Awards.
- I would like to apply for the Combo course including the Advance Diver Certificate and the Bronze Medallion / Bronze Cross Lifesaving Awards. (*Junior Open Water or Open Water Certification is a pre-requisite*)

ALL APPLICATIONS NEED TO BE FAXED TO Leeanne Hunsbedt @ 250 455 2231 (Please bring originals to the Selection Camp and give to Allen McNabb) For more information on Registration, contact LeeAnne Hunsbedt @ (250) 455-2279 ext 226. Camp Director is Allen McNabb (604) 851-5302

First name: _____ Last name: _____

Nation or Band: _____

Mailing Address: _____ Postal Code _____

Home Phone: _____ AGE ____ Birth date (m/dd/year) _____

Name(s) of Parent(s) or Guardian(s)

Work phone (parent or guardian) _____

Care Card #: _____ Status Card # _____

"Bronze Medallion ID code: _____ (lower right side of Medallion Card, for example MCAF9S) "

Family Doctor's Name _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Alternate Contact (Name): _____ Phone: _____

MEDICAL INFORMATION

(Submit this page)

Name: _____

Diet Precautions:

Prescriptions: _____

Instructions on how drugs medication are to be taken or administered: _____

Have you had a Tetanus shot (probably in school)? (Check one)

YES ____ NO ____

Activity Restrictions or Precautions: _____

Do you have any prescribed medications, special diet, allergies, heart problems or anything else that we should be aware of? If so, please explain in the space below: _____

Please check if any of the conditions listed below, apply to you.

Physical challenges____ Phobias____ Epilepsy____ Diabetes____ High blood pressure____ Asthma____ Hay fever____ Heart condition____ Nose bleeds____ Fainting____ Tuberculosis____ Meningitis____ Sleep walking____ Bleeding disorder____ Blood Disorder (thin blood etc)____ Other

Allergies

Please list all allergies and describe yours signs and symptoms:

**** If you have any of the previous conditions, you will need a doctor's approval to participate in any Aboriginal Youth FIRST Program. All programs at the camp involve strenuous physical activity.***

Doctor's Approval (only necessary if participant has a medical condition) The participant named in this application has been evaluated by me and is able to participate in programs requiring physical exertion and strenuous exercise.

Physician's Signature _____ Date: _____

Understanding of Risk

I hereby understand that this program involves many activities that could potentially cause injury if undue care by the participant is not taken. I **RECOGNIZE AND ACKNOWLEDGE** that this camp has inherent risks, hazards and dangers including, but not limited to, the following:

1. Injuries resulting from the play of competitive organized sports, such as Basketball, Soccer, Tackle Football, Ultimate Frisbee, etc.
2. Injuries resulting from the participation of organized leadership activities and group challenges.
3. Encounters with aggressive or unpredictable animals.
4. Night activities such as capture the flag.
5. Tripping and falling while playing Laser Tag in an indoor environment.
6. Participation in the registered courses such as Swimming, Lifesaving, Scuba diving in a pool, and other recreational activities.
7. Hiking in forested areas which may have dense bush, and contribute to falls on steep or difficult terrain, including, falls from rock, or rough and slippery ground.
8. Ocean and Lake swimming activities.
9. Canoeing and Kayaking, where changes in weather may occur suddenly.
10. Waterslides.
11. Accidents involving motor vehicles.
12. All other risks, hazards and dangers associated with the activities and generally associated with summer camps; all of which risks, hazards and dangers may cause discomfort, damage, injury, loss or death to my person or property.

Understanding these risks I hereby release the Aboriginal Youth FIRST Program, the Camp Staff (LeeAnne Hunsbedt and Allen McNabb), the Camp Instructors, the Province of BC, Lester B Pearson College, and PADI, their agents or employees, from any claims arising out of, or in consequence of any loss, injury or damage to the personal property of the youth named below while attending or participating in any program offered by the Aboriginal Youth FIRST Program, notwithstanding any such loss, injury or damage that may have arisen by reason of negligence by the Aboriginal Youth FIRST Program, its agents and/or employees.

Parent or Guardian Name	Signature	Date
-------------------------	-----------	------

Name of Youth	Youth's signature	Date
---------------	-------------------	------

Permission to Administer Medical Treatment or Medication

As parent(s) or guardian(s) I/we authorize the staff, agents or employees of the Aboriginal Youth FIRST Program to administer first aid, and to seek all necessary medical attention for the youth named in this application in the event the parents/guardian cannot be reached. I also authorize the dispensing of medications that accompany the youth and the dispensing of common over the counter medications that might be needed (i.e. acetaminophen). I/we certify that the youth named in this application is in good health and is capable of participating in activity programs.

Applicant Name (please print) _____ Date _____

Signature of Parent or Guardian

Photo Permission

From time to time staff, employees or our agents will be taking photographs that may appear in newspapers, brochures, newsletters, presentations, our web site or on television. The youth in these programs may appear in one or more of these formats. These photos will be used to promote the program so that others may take part.

I authorize the use of photographs of the youth named in this application to be used for these purposes.

Parent or Guardian (Required for youth under 19) _____

Youth Signature _____ Date _____

• Please Note that all camp applications require Scuba application forms and waivers. (you can find these below)

***For any further information or questions please contact the camp director
Allen McNabb – (604) 851 5302***

Any student who is completing their Open Water Course during the leadership camp (including those students who have scuba diver certification) will need to have the same forms as they have had in the previous years for open water.

1. Open Water Med Form and 2.Open Water Liability Release, 3. Safe Diving Practices

All other students (those who come to the camp with a previous Open Water Certification) will have to fill out the forms attached and outlined below. These forms are good for Scuba courses for one year. That is Adventure Divers, Advance Divers and Rescue Divers and those taking specialty courses (with some exceptions such as Enriched Air) only need the forms outline below.

1. Advance Diver and Specialty Form and 2. Combined Risk and Med form.

These forms are available in PDF format on the Scuba Programs Page. Please print them, fax them in with the other forms and bring the originals to the camp. [CLICK HERE TO GO TO THE FORMS.](#)

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AGREEMENT
(hereinafter referred to as the "Release Agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE
RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

PLEASE READ CAREFULLY!

Initial

TO: Westshore Excursions Victoria Ltd. (dba WildPlay Victoria), WildPlay Ltd., West Shore Parks & Recreation Society and their directors, officers, employees, agents, guides, independent contractors, subcontractors, suppliers, sponsors, successors, assigns and representatives (all of whom are hereinafter referred to as "the Releasees").

Name	Last	First	Middle Initial
	Street		
Address	City	Prov./State	Postal/Zip Code

DEFINITION

In this Release Agreement the term "Adventure Recreation Activities" shall include all activities, events and services provided, arranged, organized, conducted, sponsored or authorised by the Releasees and shall include, but is not limited to: use of ziplines, suspension bridges, tree top trails, canopy walkways and rope swings; climbing nets, and ladders; tours, hiking; all travel either within or beyond the designated boundaries, including the backcountry and on logging roads and trails; orientation and instructional courses and sessions; and other such activities, events and services in any way connected with or related to Adventure Recreation Activities.

TOUR DESCRIPTION: You will be outfitted with a seat harness and our guides will lead you through a safety orientation and training, including participation on training apparatus. You then begin your tour on pathways and through various above ground stations and bridges or walkways suspended by cable systems. You will be supervised directly and indirectly by our guides.

ASSUMPTION OF RISKS

I am aware that participating in Adventure Recreation Activities involves many inherent risks, dangers and hazards including but not limited to: exposed rock, earth, ice or other natural objects; trees, forest deadfall, variable and difficult weather conditions; travel on back-country roads; extreme and rapidly changing weather conditions; encounter with wildlife including bears; negligence of other participants and other persons; hiking on rough and uneven terrain; changing weather conditions which may cause the tree top trails, suspension bridges, canopy walkways and ziplines to be slippery; equipment failure; failure to properly adjust or fasten equipment; improper use of equipment; falls; over-exertion; fear of heights; failure to remain within designated areas; impact or collision with trees, other participants or guides; negligence of other participants or guides; and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN ADVENTURE RECREATION ACTIVITIES REFERRED TO ABOVE. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the RELEASEES agreeing to my participation in Adventure Recreation Activities and permitting my use of their services, equipment, parking and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in Adventure Recreation Activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE **OCCUPIERS LIABILITY ACT**, R.S.B.C. 1996, C. 337 ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ADVENTURE RECREATION ACTIVITIES REFERRED TO ABOVE;

Both pages of the waiver must be fully filled in and attached together with a staple.

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in Adventure Recreation Activities;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Adventure Recreation Activities, other than what is set forth in this Release Agreement.

AGE RESTRICTION: Participation in the activity/ties is restricted to age. Please indicate your age _____

I confirm that I have read and understood the Release Agreement above prior to signing it, and I am aware that by signing this Release Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

Signature Participant
Date
Signature of Parent/Guardian if under 19 years of age

Witness
Print Witness Name Clearly

Additional Information required:

Phone #: _____

BY SIGNING WILDPLAY'S RELEASE I UNDERSTAND AND AGREE:
To be bound by all of WildPlay's registration conditions;
To familiarize myself with WildPlay's activity guidelines;
To inform WildPlay of medical conditions that might affect my participation;
That medical costs arising from participation at WildPlay are my responsibility;
To permit the use of video & pictures of my activities for promotional purposes;
and,
TO HAVE A GREAT TIME AT WILDPLAY!

Privacy Policy:

WildPlay Ltd. and our affiliated companies collect and use personal information (first and last name, physical address, phone number, age and weight) to meet legal and insurance requirements for operating our park activities.

WildPlay also uses the personal information provided by our guests (city and age) for marketing and business development purposes. If guests choose to provide us with their email address, it is included in a database of guests seeking regular communication from WildPlay. Guests can choose to have their email address removed from this database at any time.

WildPlay does not sell your information or provide your information to others outside of our organization and its affiliate companies.

This section to be completed by WildPlay Staff:
 Activity: Monkido Full Monkido Kids

