



# ABORIGINAL YOUTH FIRST APPLICATION

## JUNIOR EAGLE'S Selection Camps *(Check one box only)*

- Interior Camp 108 Mile Health Ranch (near 100 Mile house) – June – 3, 4, 5 - 2011
- Southern Camp Lester Pearson College (near Victoria) – June 17, 18, 19 - 2011

(Log on to [www.youthfirst.ca](http://www.youthfirst.ca) for all forms & more details)

### ***Application package for the Jr. Eagles Selection Camp***

All participants must complete and send in or fax this application. Each Mini-Camp is limited to 26 students.

- Age for Jr. Eagles is 13 to 15 (mature 12 year olds will be considered)
- Students agree that they will not smoke at the camp
- Students are willing to participate in hiking, swimming and scuba (in pool only)
- Only students participating in a selection camp will be considered for the Jr. Eagle Program

**.ALL APPLICATIONS NEED TO BE FAXED TO LeeAnne Husbett @ 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**

- Please ensure that each application is filled out and signed by both the parent and the student.
- Ensure that you and your parent or guardian has filled out the Waivers for Scuba and the camp.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Nation or Band: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ AGE \_\_\_\_ Birthday (/mm/year) \_\_\_\_\_

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

Work phone (parent or guardian) \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Status Card Number \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INFORMED CONSENT

The Guardian or Parent who signs below authorizes the youth named above to take part in programs and activities in the Aboriginal Youth FIRST Program. In consideration of the Aboriginal Youth FIRST Program, the Camp Director (Alan McNabb), Lester B Pearson College, The Province of BC and PADI (for the Dive Students, their agents or employees, the persons who are signing below, release these named parties and the Aboriginal Youth FIRST Program and it's Instructors from any claims arising out of, or in consequence of any loss, injury or damage to the personal property of the youth named above while attending or participating in any program offered by the Aboriginal Youth FIRST Program, not withstanding 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. The Guardian or Parent who signs below further agree to indemnify the Aboriginal Youth FIRST Program, its agents, and/or employees from any claims or demands which may be made against them arising out of or in consequence of attendance or participation in any Aboriginal Youth FIRST Program.

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Parent or Guardian Name & Signature (only needed if youth is under 19) \_\_\_\_\_ Date \_\_\_\_\_

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Name of Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

## CODE OF CONDUCT

As a participant in this program, I agree to be free of drugs and alcohol throughout the entire camp/program. I further agree to abide by the rules and regulations of the camp. I understand that if I am a camp resident that I may not leave the camp at any time unless for a camp function and with camp staff. I also agree to respect the rights of other campers to a good night sleep by observing "quiet time" hours (after 10 PM). I also understand that any music brought to the camp must be listened to by headphones. Also, it is understood that this is a no-smoking camp. If I am found smoking, I understand that I will not qualify for the Jr. Eagle Core Camp.

The youth and their parent or guardian and/or the Aboriginal Youth First Coordinator must review this code of conduct. We are attempting to make the camp an enjoyable experience for all participants and anyone who violates serious rules or becomes a problem that will jeopardize the camp will be asked to leave. A full report will be made to the parent, the Youth First Coordinator and the Band Office where applicable. It is our goal to ensure that a few people do not ruin the camp for the majority who wish to participate according to camp rules and guidelines. Camp rules will be strictly enforced for this reason. There will be areas where campers are not supposed to go (into the accommodation area of the opposite sex, the kitchen, storage, etc.). Youth found in these areas will be asked to leave the camp. Pornographic material, recreational drugs, and alcohol are not permitted in Camp. I understand and agree to abide by the Camp Guidelines:

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL INFORMATION (Submit this page)

Name:

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Diet Precautions:

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Prescriptions:

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

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Have you had a Tetanus shot (probably in school)? (Check one) YES \_\_\_\_ NO \_\_\_\_

Activity Restrictions or Precautions:

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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:

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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

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***\* If you have any of the above 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**

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## 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 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 a controlled 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 or 108 Mile Health Ranch, 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 and 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)	_____ Age
_____ Parent or Guardian (please sign)	_____ Date

## 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 \_\_\_\_\_ Date \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

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***For any further information or questions please contact the camp director Allen McNabb at 604 851 5302.***

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**Please complete all of the forms below and fax them  
to: . Leeanne Husbedt @ **250 455 2231****



# STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

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**Please read carefully before signing.**

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_, understand that as a diver I should:  
(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a **SAFE** diver – **S**lowly **A**scend **F**rom **E**very dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)



# STUDENT

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**Please print legibly.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

## **Name and address of your family physician**

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving?  Yes  No If so, when? \_\_\_\_\_

# PHYSICIAN

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This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

## **Physician's Impression**

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date \_\_\_\_\_  
Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_



# PADI

# LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

**Please read carefully and fill in all blanks before signing.**

I, \_\_\_\_\_, hereby affirm that I am aware that skin and scuba diving have inherent risks which  
Participant Name  
may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), \_\_\_\_\_, the facility through which  
I receive my instruction, \_\_\_\_\_, nor PADI Americas, Inc., nor its affiliate and sub-  
Facility Name

sidary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,  
Participant Name  
\_\_\_\_\_, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,  
\_\_\_\_\_, AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS  
Facility Name

DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)