

## Get a Grip 2021 Application Form

Name of Youth: \_\_\_\_\_

Age (as of May 1st, 2021): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Place of residence/address (**and postal code**) as of May 1<sup>st</sup>, 2021:

\_\_\_\_\_

Do you self-identify as indigenous? **Y** **N**

If so, please circle: Metis - First Nations – Inuit – Unknown – Prefer not to answer

All information will be kept confidential in accordance with federal law and does not affect your eligibility for our programs, we collect this information to provide participant demographics to our funders.

Are you a first-time rock-climber? (circle one): **Y** **N**

If no, how many days of experience have you had and how long ago?

\_\_\_\_\_

Please give reasons **why you** want to participate in the 'Get a Grip' program (youth's words only please):

\_\_\_\_\_

\_\_\_\_\_

Can you be available for the following dates? --- May 18th, 20th, 25th, 27th, June 3rd, & 10th (evenings, indoors) and on Sundays May 30th & June 13th (full days, outdoors)

(circle one) **Y** **N**

Please list any previously known conflicts with these days:

\_\_\_\_\_

Please enter youth's height, weight, shirt and shoe size (for supply and rental purposes):

\_\_\_\_\_

Parent/Guardian Email Address (this is where we will send notice of acceptance into the program and program information once accepted):

\_\_\_\_\_



### **Pick Up Location**

Please indicate which of our central locations you would like to be picked up and dropped off at, for transport to the mountain:

- Xtreme Theatre West Kelowna parking lot (beside Dairy Queen)
- Orchard Park bus loop
- Rutland Shell (Gerstmar and Hwy 33)
- Rutland 7-11 (Rutland Rd and Hwy 33)

### **Type of Spot**

Please indicate the type of spot you are applying for:

- Paid spot (\$300/participant - invoice will be sent once participant has been accepted into the program)
- Full scholarship spot (please attach proof of eligibility, see below)
- Partial scholarship spot (if you are not eligible for a full scholarship seat but would like to inquire about partial support, please select this option and we will follow up with you to discuss options!)

\* If applying for a scholarship seat, please email proof of eligibility to [programs@elevationoutdoors.ca](mailto:programs@elevationoutdoors.ca).

To see our eligibility criteria, and approved documents, please visit <http://www.elevationoutdoors.ca/programs/> (and scroll down on the web page).

### **Google Calendar Sharing**

Elevation Outdoors has permission to share Google Cal dates with my and/or my child's email address (leave blank if not interested).

Parent's email address: \_\_\_\_\_

Youth's email address: \_\_\_\_\_

Initial\_\_\_\_\_ I give permission to Elevation Outdoors to contact me about future programs and opportunities that come available.

Initial\_\_\_\_\_ I give permission for Elevation Outdoors to provide my contact information to the Canadian Tire Jumpstart Foundation. As partial funders for this program they like to be able to contact you directly with future opportunities.



## **Permission to Participate in Elevation's Get a Grip Program 2021**

Dear parent or legal guardian,

Elevation Outdoors is running a program called "Get a Grip" this spring for youth in the local area. The program involves teaching young people how to climb starting from an introductory level. The program will run primarily at Beyond the Crux Climbing Gym in Kelowna with 1-2 trips to an outdoor climbing area with a certified guide from Hoodoo Adventures to go climbing outdoors. It will run for 5 weeks, from Thursday, May 21 to Sunday, June 14th - evenings from about 4:45 pm – 7:30 pm and Sundays from 9:00 am - 5:00 pm, in weeks two and five of the program.

This letter is to inform you of the program and the expressed interest, as well as the inherent risks in the activity of climbing. Injury or death to participants is always a possibility when engaging in climbing. These risks include, but not limited to: falling, mechanical failure of the equipment; loss of balance or control; variable and difficult climbing conditions; collision with walls, climbing holds, exposed or hidden structural supports or beams or floor; rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to climbing, belaying, rappelling, lowering on ropes, rescue systems and other rope techniques; Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes, auto belays, climbing hardware or wall parts; failure of ropes, harnesses, slings, climbing holds, anchor points, or any part of the climbing wall; collision with other equipment or structures; collision with other persons; illness or trauma; the proximity of medical care which may or may not be readily available; the failure to act safely or within one's own ability or to stay within designated areas; negligence of other climbers and/or other persons; and negligence on the part of Elevation Outdoors Experiential Programs Association or its staff and volunteers, including the failure on the part of Elevation Outdoors Experiential Programs Association or its staff to safeguard or protect from the risks, dangers and hazards of the activities

We are requesting that you fill out the form below stating that you have read and are aware of the inherent risks of this activity before your child is permitted to participate in the program. We are also asking that you complete the attached medical form with all relevant details and BC medical numbers. It is our intention to create a long-lasting, learning experience for the young people involved and we will be taking their safety very seriously.

\*Please sign on following page

Elevation Outdoors Experiential Programs Association  
P.O. Box 20071 Towne Centre  
Kelowna, BC  
V1Y 9H2



**I have read the attached letter and understand the inherent risks in the activity of rock climbing, as well as the risks of participating in the program.  
I give my child permission to participate in this program with this in mind.**

Name of parent/guardian: \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

Date: \_\_\_\_\_

### **Video and Photographs**

Elevation Outdoors has permission to use my or my child's photograph/video/audio recordings to promote the organization. I understand that the images may be used in various formats not limited to print publications, online publications, presentations, websites, and social media.

**Yes No Initial** \_\_\_\_\_

### **Contacting Youth**

Elevation Outdoors has permission to contact my child by phone (text or call) to confirm program attendance and to communicate with as need arises, during or between program dates.

**Yes No Initial** \_\_\_\_\_

Youth phone number: \_\_\_\_\_

**Mail to: PO Box 20071 Towne Centre, Kelowna BC, V1W 9H2 or email to [info@elevationoutdoors.ca](mailto:info@elevationoutdoors.ca)**

**Deadline: (Jan 15, 2019) for Pgm #1 (ages 12-14), (Feb 6, 2019) for Pgm #2 (ages 15-18)**

**Participant's Medical Form**

Name of Youth: \_\_\_\_\_

BC Med Care Card # \_\_\_\_\_

Date of birth (year, month, day): \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ ph # \_\_\_\_\_

**Medical History**

(please circle yes 'Y' or no 'N' to the following questions)

1. Has your child ever suffered any form of **Asthma**? **Y N**

If yes, do they take any medication for it? What type?

\_\_\_\_\_

2. Has your child ever suffered any form of **Allergy**? **Y N**

If yes, what are they allergic to and what, if any, medication is taken?

\_\_\_\_\_

3. Does your child have any of the following conditions?

Phobias **Y N**

Diabetes **Y N**

Previous concussion(s) **Y N**

Bleeding disorder **Y N**

Heart condition **Y N**

Migraines/headaches **Y N**

Seeing disorders **Y N**

Hearing disorder **Y N**

Epilepsy **Y N**

Ankle/knee/joint problems? **Y N**

Please provide details of questions for which 'yes' was answered: \_\_\_\_\_

\_\_\_\_\_

4. Date of last Tetanus injection? \_\_\_\_\_

(if not within last 10 years, participant may receive a tetanus injection by a medical officer if they receive a tetanus prone wound)

**Please finish on next page.**

5. Is your child on any ongoing medications?

Please provide details of medications, dosage and frequency taken:

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Do you give permission to your child to self-administer these medications? **Y / N**

6. Do you give permission for your child to be given non-prescription medications for the following conditions?

Pain/fever (e.g. Tylenol, Advil) **Y N**

Cold/flu tablets **Y N**

Bites/stings/hay fever/allergy (e.g. antihistamine) **Y N**

7. Is there anything about your child's situation that we need to be aware of in regards to his/her participation in this program (example: Behaviour or medical concerns)? **Y N**

If Yes, please explain:

8. In the case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency center. I consent for my child to receive medical treatment. I consent that in the event of severe illness/injury the means of transportation may be by ambulance at a cost to myself. **Y N**

\_\_\_\_\_ Initial

I declare that the information which I have provided on this for is complete and correct and that I will notify the program if any changes occur. I authorize the facilitator who is with my child to consent, where it is impractical to communicate with me, for my child to receive such medical or surgical treatment as may be deemed necessary.

Signed \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_

**ELEVATION**  
**OUT DOORS**



Amateur Athletic  
Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Hoodoo Adventure Company athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Hoodoo Adventure Company, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

Date Signed: \_\_\_\_\_

**FOR PARTICIPANTS UNDER THE AGE OF MAJORITY** (UNDER AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

**Medical Information**

Do you have any Medical Conditions we should be aware of (i.e. asthma, allergies to bees, foods or medications, diabetes, blood pressure, heart conditions, injuries, etc.): \_\_\_\_\_

Do you carry personal medication with you for the above, will you be taking these during this event? If so, please provide relevant information: \_\_\_\_\_

When was the last time that you used this medication?: \_\_\_\_\_

Contact Lenses?: \_\_\_\_\_ May we use photos of you for marketing purposes?: \_\_\_\_\_

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**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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### **Program Waiver**

Beyond the Crux Waiver required all participants to have an online waiver filled out to be a part of our Get a Grip program.

Please visit the link below and create an account to sign the waiver for your child:

<https://waiver.smartwaiver.com/w/5d8e3a0df2529/web/>