

Learn to Shred 2022 Application Form

Name of Youth: _____

Age (as of January 1st, 2022): _____ Pronouns: _____

How did you hear about us? _____

Place of residence/address (**and postal code**) as of January 1st, 2022:

Do you identify as an individual within the BIPOC community? 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.

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

If you answered yes, **please circle:**

Metis - First Nations – Inuit – Other – Unknown – Prefer not to answer

Are you a first-time snow boarder? (circle one): **Y** **N**

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

Will this be your first time participating in our 'Learn to Shred' program ____ or are you applying for our 'Shred More' Program ____? (Shred More is for youth who have already completed one of our 'Learn to Shred' programs and priority for 'Shred More' is given to older youth, and youth with positive attitude and attendance during 'Learn to Shred')

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

Can you be available for the following dates (will need to leave school early on weekdays)?

- Ages 12 - 14: Every Tuesday starting January 25th, ending on March 15th, 2022
- Ages 15 -18: Every Thursday starting January 27th, ending on March 17th, 2022

**Week day program dates will require youth to leave school early for pick-up at ~11:30 am - 12:15 pm, depending on their pick-up location.

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

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



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 (\$600/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.

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: _____

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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 Learn to Shred Program 2022

Dear parent or legal guardian,

Elevation Outdoors is running our Learn to Shred program over the winter months for socially and financially disadvantaged youth in the Kelowna area.

The program involves teaching young people to snowboard starting from the elementary level. It also involves reflecting upon this experience and using it as a metaphor for life experiences and learning. Each program runs for four weeks, with two snow sessions each week on Wednesday or Thursday afternoon/evenings and Sunday full days.

This letter is informing you of the inherent risks in the activity of snowboarding. Injury to participants is always a possibility when taking part in this sport. When learning to snowboard participants tend to fall frequently, putting their wrists, arms and tailbones especially, but other body parts as well, at risk of injury.

Other risks involved with the activity include other individuals on the mountain who are not involved in the program. It is a possibility that a participant could be injured from other skiers or snowboarders who are reckless or out of control, thus impacting someone in their path. While unlikely there is a potential for life threatening injuries or death related to snowboarding.

Elevation is 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 requesting that you fill out the attached medical form with all relevant details and BC medical numbers.

Please be assured that all appropriate safety measures and risk management practices will be exercised while the programs are being delivered. Participants will be supervised at all times when on the mountain, and elementary terrain park use will not be permitted unless all the relevant skills are demonstrated by each participant beforehand. 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

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**I have read the attached letter and understand the inherent risks in the activity of snowboarding, 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**

Deadline: Jan 10, 2022 for ages 12-14, Feb 1, 2022 for ages 15-18 + Shred More

This program is brought to you, in part, by:



Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island



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ASSUMPTION OF RISK:

I/ we, the undersigned, are aware that:

(a) the Province of British Columbia has declared a State of Emergency as a result of the Covid 19 pandemic;

(b) the Provincial Health Officer has provided guidelines for the prevention and control of Covid 19, and ELEVATION OUTDOOR EXPERIENTIAL PROGRAMS ASSOCIATION ("Elevation") is offering outdoor experiential programs to children, with rules and procedures in place to follow the provincial guidelines, however Elevation cannot and does not guarantee that the Participant will not come into contact with the Covid 19 virus as a result of participating in Elevation Programs;

(c) participating in the programs provided by Elevation involves inherent risks as a result of the interaction between participants, instructors, and other people, shared equipment, and excursions to public spaces, including the risk of exposure to the Covid 19 virus, and the risk of contracting and spreading the Covid 19 virus, and any related infections or complications;

(d) if Elevation has reason to believe that the Participant has been exposed to the Covid 19 virus, or is showing any symptoms of the Covid 19 virus, Elevation will not allow the Participant to continue participating in the Elevation programs, and will not be able to provide a refund, if applicable, for any paid spots in Elevation programs.

I/we are the parent(s) or legal guardian of the Participant. I/we are aware that participating in programs provided by Elevation involves an inherent risk of contracting and/or spreading the Covid 19 virus. I am also aware that the risks, dangers and hazards referred to above exist throughout the entire duration of the Elevation programs, and that the Participant may remain asymptomatic for an extended period of time after participating the Elevation programs, even though the Participant may have come into contact with the Covid 19 virus, and the Participant may be contagious.

I/ we confirm that Elevation has made no representations, warranties or other assurances with respect to the safety of participating in Elevation programs and has warned me of the risks associated with the Participant participating in Elevation programs. I/we freely accept and fully assume all such risks, dangers and hazards and the possibility of infection, illness, associated medical complications, personal injury, death, mandatory quarantine or self-isolation measures to the Participant and the Participant's household or family members, as well as damage or loss, resulting therefrom.

I/we acknowledge and agree that this waiver will continue to apply even if the Provincial State of Emergency is lifted, and that Elevation reserves the right to refuse participation for anyone based on a suspected case of COVID-19 or suspected exposure to it, or if any Participant refused to follow safety protocols.

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COVID 19 RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Participant being permitted to participate in Elevation programs, I/ we hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I/we have now or may in the future have against Elevation in connection with the Participants participation in Elevation programming, including Elevation's directors, officers, employees, agents, and representatives (all of whom are hereinafter collectively referred to as the "RELEASEES");

2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I/we or the Participant may suffer as a result of the Participant participating in Elevation programs due to Covid 19, or 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;

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from and against any and all claims, actions, damages, liability and expenses in connection with loss of life, personal injury sustained or damages arising from the Participant participation in Elevation programs, including the loss of any registration fees, and to indemnify Elevation from and against any claims that the Participant may have, now or in the future, against Elevation as a result of the Participant participating in Elevation programs; and

4. This agreement shall be effective and binding upon my/our heirs, next of kin, executors, administrators, assigns and representatives in the event of my/our death or incapacity.

In entering into this Agreement, I/we am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I/WE HAVE READ AND UNDERSTAND THIS AGREEMENT AND I/WE ARE AWARE THAT BY SIGNING THIS AGREEMENT I/WE ARE WAIVING CERTAIN LEGAL RIGHTS WHICH I/WE OR MY/OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

This agreement must be completed in full, signed, dated and witnessed before participating in the program.

Guardian Name _____ Guardian Signature _____

Witness Name _____ Witness Signature _____

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:

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 _____

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