

Live to Ride: 2023 Application Form

Name of Youth: _____

Age (as of July 1st, 2023): _____ Pronouns: _____

How did you hear about us? _____

Place of residence/address (**and postal code**) as of July 1st, 2023:

Do you identify as an individual in 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 mountain biker? (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 'Live to Ride' program (youth's words only please):

Can you be available every Tuesday and Thursday evening from July 4th to August 17th? (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 (\$500/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: _____

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.

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



Permission to Participate in Elevation 'Live to Ride' Program

Dear parent or legal guardian,

Elevation Outdoors is running a program called 'Live to Ride' over the summer for youth in the local area.

The program involves teaching young people to mountain bike starting from the elementary level. It will be using various terrain within the Okanagan valley, including cross country and downhill mountain biking. The program also involves reflecting upon these experiences and using it as a metaphor for life experiences and learning. It will run for 8 weeks during summer on Tuesday and Thursday evenings. The participants will go to Big White for downhill riding twice during the program for a full day as well.

This letter is to inform you of the program and the expressed interest, and also of the inherent risks in the activity of mountain biking. On my behalf, and on the behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following: ASSUMPTION OF RISKS: I am aware and understand that MOUNTAIN BIKING activities involve many risks, dangers and hazards, including but not limited to the following: I acknowledge and accept that mountain biking involves risks, dangers and hazards in addition to those normally associated with bicycle riding and that injuries are a common and expected part of mountain biking. The Live to Ride program may take place on steep and rugged terrain and will expose the rider to many risks, dangers and hazards. The terrain may be un-inspected, uncontrolled and unsafe due to constantly changing conditions. The inherent risks, hazards and dangers include but are not limited to the following: collision with other riders, vehicles, bicycles, trees, tree stumps, tree wells or other objects; fences and other man-made structures; mechanical failure of equipment; rapid and uncontrolled acceleration on hills and inclines; changing weather conditions; unsafe terrain including steep or slippery sections, cliffs, rocks, holes, or crevices; extreme variation in cycling terrain; encounters with domestic and non-domestic animals; falling or being thrown off the mountain bike; negligence on the part of the Elevation Outdoors – including the failure to protect the participant from the risk, dangers and hazards of mountain biking or to predict the whether the terrain is safe for mountain biking; negligence of other riders. I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved and I freely assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting therefrom.

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I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved and I freely assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting therefrom.

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 program is being delivered. Helmets are mandatory. Body armour will also be worn on the downhill days. Participants will be supervised during all bike trips, and 'black' or most difficult runs will not be utilized unless appropriate skill has been demonstrated beforehand. It is our intention to create a lasting, learning experience for the young people involved and we will be taking their safety very seriously.

Sincerely,
Mike Greer
Facilitator

**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 _____

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P.O. Box 20071 Towne Centre
Kelowna, BC
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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

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



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

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: _____

In the last 14 days, has your child exhibited any of the symptoms of COVID-19 (ie. fever, dry cough, tiredness, shortness of breath/difficulty breathing)?

Yes ___ No ___

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 _____