



P.O. Box 20071 Towne Centre  
Kelowna, BC  
V1Y 9H2

## Learn to Shred Application Form

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

Age (as of January year applying): \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

Place of residence/address (and postal code):  
\_\_\_\_\_

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 one week night evening (Tues, Wed, or Thurs) and one Sunday every week for 4 weeks in the months of Jan/Feb/March?

**Y** **N**

Please list any previously known conflicts with these days (ie. If you can only do Tuesdays, but not Thursdays, etc.):  
\_\_\_\_\_



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

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

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### **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 (see Learn to Shred web page for current program cost)
- 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: \_\_\_\_\_



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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**

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.

Elevation Outdoors Experiential Programs Association



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\*Please sign on following page

**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: \_\_\_\_\_

Email application to [info@elevationoutdoors.ca](mailto:info@elevationoutdoors.ca)



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### **Participant's Medical Form**

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

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

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

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

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)

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 \_\_\_\_\_

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

