



**Learn to Shred: 2019**

***Information and Form Package***

**Please return the following documents completed to:**

**1. Email:** [info@elevationoutdoors.ca](mailto:info@elevationoutdoors.ca)

OR

**2. Mail:** P.O. Box 20071, Towne Centre, Kelowna, BC, V1Y 9H2

- Application Form
- Permission to Participate Form
- Elevation Outdoors Medical Form
- Elevation Outdoors Qualification Form (additional document required)

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



### Learn to Shred 2019 Application Form

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

Best phone # to reach you on: \_\_\_\_\_

Age (as of Jan 1<sup>st</sup> 2019): \_\_\_\_\_

Referring youth worker or teacher: \_\_\_\_\_

Place of residence/address (**and postal code**) as at 01/01/2019:

\_\_\_\_\_

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

Are you applying for the 12 – 14 age group \_\_\_\_, the 15 – 18 age group \_\_\_\_, or Shred More \_\_\_\_? (Shred More priority is given to older youth, and youth with positive attitude and attendance during Learn to Shred)

If no, how many days' experience have you had and how long ago? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Can you be available **every** Wednesday afternoon at 2:30 pm, and Sunday all day (9:00 – 5:00) for the 4 weeks of your program? **Y** **N**

Please list any previously known conflicts with these days:

\_\_\_\_\_

Are you able to meet at a central location (Xtreme Theatre West Kelowna, Orchard Park bus station, Rutland 7-11) for transport to the mountain?

**Y** **N**

**Mail to: PO Box 20071 Towne Centre, Kelowna BC, V1W 9H2 or  
info@elevationoutdoors.ca**

**Deadline: Jan 9<sup>th</sup> for Pgm #1 (ages 12-14), Feb 13<sup>th</sup> for Pgm #2 (ages 15-18)**

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



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. Your child has expressed interest in the program and has been considered by their youth worker or teacher to be a good candidate for participation.

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 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 and arms 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 wreck-less or out of control, thus impacting on 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  
P.O. Box 20071 Towne Centre  
Kelowna, BC  
V1Y 9H2



## Permission to Participate in Elevation Learn to Shred Program 2019

Name of Participant: \_\_\_\_\_

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

**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.**

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** \_\_\_\_\_

Parents 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.

**Participant's Medical Form**

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

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

Epilepsy Y N

Bleeding disorder Y N

Heart condition Y N

Migraines/headaches Y N

Seeing disorders Y N

Hearing disorders 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 yrs, 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 Outdoors Eligibility Requirements

Elevation Outdoors provides all of our programs at no cost to the participants and their families. However, Elevation Outdoors is a charitable organization and in order to remain within the guidelines of the Canadian Revenue Agency, we need evidence of the financial and/or social need of each participant in our programs.

We require that one of the following requirements are met, and evidence of the requirement to complete the registration process:

- Parent or Guardian living with the participant has income at or below the Low Income Cut Offs as set by the CRA – To see the latest income tables visit <https://fullskillsexamprep.com/blog/2017-lico/>
- Parent/Guardian/Youth are receiving social assistance
- The youth is involved with MCFD programs or is in foster care.
- The applicant is on parole/probation/or in a restorative justice program.

In order to attest the applicant meets one of the above requirements we do, require documentation. This can be provided via a letter/documents from the appropriate government agency, the parent/guardian's most recent tax return or NOA, pay stub/deposit slips indicating the receipt of social assistance.

Please contact us at [info@elevationoutdoors.ca](mailto:info@elevationoutdoors.ca) if you have questions regarding eligibility or to submit your required information.

**ELEVATION**  
**OUTDOORS**