



Learn to Shred: 2020

Information and Form Package

Please return the following documents completed to:

1. Email: 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
- Proof of Eligibility (additional document required)

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



Learn to Shred 2020 Application Form

Name of Youth: _____

Best phone # to reach you on: _____

Age (as of January 1st, 2020): _____

Referring youth worker or teacher: _____

Place of residence/address (**and postal code**) as of January 1st, 2020:

How did you hear about us? _____

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

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

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)

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? --- Age 12 - 14: **every** Wed afternoon at 2:30 pm and Sundays (8:30– 5:00) from Jan 29 - Feb 23? Age 15 - 18/Shred More: **every** Thurs afternoon at 2:30 pm and Sundays (8:30-5:00) from Feb 20 - Mar 15?

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):

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



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 (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).

Are you able to meet at a central location (Xtreme Theatre West Kelowna parking lot [beside Dairy Queen], Orchard Park bus loop, Rutland 7-11) for transport to the mountain?

Please circle/underline your option

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

Deadline: (Jan 15, 2019) for Pgm #1 (ages 12-14), (Feb 6, 2019) 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 2020

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 _____

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: _____

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



Google Calendar Sharing

Elevation Outdoors has permission to share Google Cal dates with my and/or my child's email address.

Youth email address: _____

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:

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 _____