



YOUTH UNLIMITED/YOUTH FOR CHRIST ASSOCIATION

Bay #15, 1725 – 30th Avenue NE, T2E 7P6

403.291.3179 calgary@yfcanada.org

APPLICATION FOR PARTICIPATION

Please fill out online, print off, sign and submit

Name of Participant: _____

Street Address: _____ City _____ Postal Code: _____

Main Phone #: _____ Email: _____

Birthdate: _____ Gender: _____

Emergency Contact: _____

Relationship to the Participant: _____ Main Phone #: _____

Medical Information: (Please type an "X" into any that apply to the applicant)

Health Care Card # _____

1. Participant has a history of feeling faint, spells of dizziness or seizures? Yes _____ No _____

2. Participant has a history of epilepsy? Yes _____ No _____ Diabetes? Yes _____ No _____

4. Participant is subject to one of the following: sleepwalking _____ hives _____ hay fever _____
appendicitis _____ asthma _____ heart trouble _____ allergic reaction to insect stings, bites _____ car sickness _____

5. Please list any allergies (may include medications, food or other): _____

6. Does participant have any conditions, not covered above, which may affect participation or need treatment in an emergency: Yes _____ No _____ If yes, please explain _____

7. Please mark any diseases participant has had previously: chicken pox _____ diphtheria _____ German measles _____
mumps _____ scarlet fever _____ small pox _____ typhoid _____ whooping cough _____

8. Give year of immunization: Tetanus _____ Polio _____ (attach copy of records if available)

10. Is participant under any special medical or dietary regime to be continued on an outing? Yes _____ No _____
If yes, please explain: _____

11. Will participant bring any medicine with them? Yes _____ No _____

Name of drug: _____ Pertinent information or precautions: _____

12. Are there factors that might limit participant's full participation in activities? If yes, please explain:

13. Family Doctor/Main Clinic information:

Name of Doctor: _____ Contact Number: _____

RULES OF CONDUCT

IN CONSIDERATION OF YOUTH UNLIMITED (collectively and individually referred to as “YU/YFC”) accepting this application and allowing the Participant to participate in YU/YFC events and activities, the Participant and his/her Guardian/Parent agree as follows:

1. That the term of the application shall apply to all events and activities that the Participant attends/participates in after the date of signature below.
2. The Participant and his/her Parent/Guardian warrant that the Participant is in sufficiently good physical condition to participate in YU/YFC events and activities and is aware that there are risks of physical injury associated with such participation and that participation could, in some circumstances, result in physical injury.
3. The Participant agrees that he/she will respect the leadership of and obey the rules, guidelines, orders and instructions given to him/her by YU/YFC leaders, staff members, volunteers and all other persons who are placed in positions of authority or responsibility over him/her by YU/YFC. The Participant agrees that failure to do this may result in being sent home at his/her own expense.
4. The Participant agrees that he/she will under no circumstance attend an event under the influence of, or have in his/her possession or make use of any alcoholic substances, or non-prescription or illegal drugs during YU/YFC events & activities. The Participant agrees that possession and use of such alcohol or drugs may result in being sent home at his/her own expense.

PARTICIPANT PARENT/GUARDIAN PERMISSION FORM

The Participant or Parent/Guardian specifically authorizes YU/YFC, its respective servants, agents, employees, sponsors, representatives, organizers, or any other person or organization assisting YU/YFC, in the event of emergency to take any action which YU/YFC in its sole discretion considers necessary, prudent, or in the best interests of the Participant having taken into consideration all of the circumstances of the emergency. I understand that all reasonable measures will be taken to safeguard the health and safety of the participant and that the emergency contact listed will be notified as soon as possible in case of an emergency.

I HAVE READ THE ABOVE AND I UNDERSTAND IT’S MEANING.

Signed this _____ day of _____, 20_____.

Signature of Participant or Parent/Guardian (If Participant is under the age of 18 years of age)

Please Print Name Clearly



WAIVER AND RELEASE

**YOUTH UNLIMITED
(Divisions of Greater Calgary Youth for Christ/YU/YFC)
Activities and Programs**

THIS IS A LEGAL DOCUMENT; BY SIGNING THIS DOCUMENT THE PARENTS/GUARDIANS AND YOUNG PERSON (THE “PARTICIPANT”) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ARE ALSO ASSUMING CERTAIN OBLIGATIONS, NOTWITHSTANDING PRECAUTIONS TAKEN, ACCIDENTS OCCUR AND THEREFORE THIS AGREEMENT MUST BE SIGNED.

In consideration of Youth Unlimited and (divisions of Greater Calgary Youth for Christ, collectively and individually referred to as “YU/YFC”) sponsoring or being involved with various functions with the Participant during the (two) calendar years _____ - _____, the undersigned parents/guardians and Participant hereby:

- (a) acknowledge that involvements in and access to some or all of these functions may involve transportation private and/or public;
- (b) understand that these functions and transportation to and from these functions may involve some risks, including the risk of physical injury;
- (c) understand that unintended injuries and death may possibly result as a consequence of participation in such functions and transportation to and from these functions;
- (d) accept full risk and responsibility for the death of or injury to the Participant or damage to the property of the Participant arising from the functions or transportation to and from such functions by the Participant;
- (e) waive any rights whatsoever that the undersigned may have now or in the future against YU/YFC and, as applicable, its members, directors, officers, leaders, agents, volunteers and/or employees as a result of death or injury to the Participant or damage to the property of the Participant arising from the participation in the functions or transportation to and from such functions undersigned;
- (f) release and forever discharge YU/YFC, its members, directors, officers, leaders, volunteers, agents and /or employees from all actions, causes of action, suits, claims and demands whatsoever, that may arise from any functions or transportation to and from such functions, however caused:
- (g) agree and understand that this document will be binding on the heirs, executors, administrators and assigns of the undersigned, parents/guardians and the Participant;
- (h) agree to indemnify and hold harmless YU/YFC, its members, directors, officers, leaders, agents, volunteers and/or employees from any actions, suits, claims, demands whatsoever, arising from any negligent, wrongful or illegal act or omission of the Participant in respect of any function or transportation sponsored, arranged or coordinated by YU/YFC or its agents; and
- (i) agree that if any provision hereof is invalid, illegal, or incapable of being enforced by reason of any rule of law or public policy then such provision will be severed from and will not affect any other provision contained herein, and this instrument will be read as if such invalid, illegal or unenforceable provision had never been contained herein and all other provisions hereof will, nevertheless, remain in full force and effect and no provision will be deemed to be dependent upon any other provision.
- (j) give permission to YFC/Youth Unlimited to obtain personal information about the participant for the purposes of communications and registration requirements.
- (k) give permission for the participants photo to be taken and used in the communication and promotion of YFC/Youth Unlimited events.

The undersigned acknowledge that they have read, understood and agree to the foregoing.

I HAVE READ THE ABOVE AND I UNDERSTAND IT'S MEANING.

Signed this _____ day of _____, 20_____.

Handwritten Signature of Participant or Parent/Guardian (If Participant is under the age of 18 years of age)

Please Print Name Clearly

Handwritten Signature of Witness (Must not be related to the Signee and over 18 years of age)

Please Print Name Clearly

Address City/Province Postal Code