

Junior Leader Application Form

Participant's Name: _____ School Grade: _____

Age: _____ Email: _____

Cell/Text: _____

Parent's / Guardian's Name: _____ Home: _____

Work: _____

Relationship: _____ Cell/Text: _____

Email: _____

Emergency Contact Name: _____ Home: _____

Work: _____

Relationship: _____ Cell/Text: _____

Email: _____

Please state any allergies, intolerances, or medical conditions (and treatment required) that we should be aware of.

- I agree to let my child participate in the Junior Leader Program & volunteer experience
- I have signed the release and waiver form

Parent's Signature

Printed Name

Date



Family & Community Support Services
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fcss@vegreville.com
www.vegreville.com

Counsellor in Training Release and Waiver Form

I HEREBY AGREE TO THE FOLLOWING AS INITIALED BY MYSELF

_____ **Risks and Dangers:** I hereby acknowledge and agree that participation in the Program involves elements of risk, hazard or danger, and that death, injuries, loss or damage may occur to my child.

_____ **Fully Informed:** I acknowledge and agree that it is my responsibility to acquire and review all relevant information regarding the risks and hazards of the Program before consenting to my child's participation in the same.

_____ **Assumption of Risk:** I acknowledge that there are inherent risks associated with the Program and that my child could sustain personal injury through participation in this event and I am hereby accepting to take that risk on behalf of my child.

_____ **Waiver of Liability as Against the Town:** I acknowledge and agree that death, injury, loss or damage may occur as a result of my child's participation in the Program. I hereby freely accept and assume all risks associated with the participation of my child in the Program. I agree to save harmless and keep indemnified the Town of Vegreville and Vegreville & District Family and Community Support Services, its councillors, employees, volunteers, organizers and their respective agents, officials, servants and representatives from and against all claims actions, costs and expenses and demands in respect of death, injury, loss or damage to me or my child's person, however caused, rising out of or in connection with my child's taking part in this event but limited to taking part in this event, and notwithstanding that the same may have contributed to or occasioned by the negligence of the said bodies or any of them, their agencies, officials, servants or representatives.

_____ **Compliance with Rules and Directions:** I acknowledge that in many situations FCSS staff may be involved in coaching or officiating these activities and that I shall accept the responsibility of observing my child's participation in these activities and should I have objection to the manner in which my child or myself are being supervised or instructed, I accept the responsibility to remove myself or my child from the activity. I agree that the Sizzlin' Summer staff may require my child to return home if a breach of those rules or the law occurs, and I agree to be responsible for and pay any and all costs that may arise from the same.

_____ **Willful Departure:** I also acknowledge and agree that if my child comes in the custody or care of the FCSS staff and subsequently willfully departs without authorization from the custody or care of the FCSS staff during the Program, or breaches the applicable law, regulations or rules of the Program, the Town will not be responsible for any injury, loss or damage suffered by my child, including death.

_____ **Additional Insurance:** I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.

_____ **Emergency Medical Assistance:** I hereby give my consent for a FCSS staff member to call a medical practitioner or ambulance for my child in the event of accident or illness of a serious nature.

_____ **In Town Field Trips:** I understand that as part of the Sizzlin' Summer Program, field trips and activities may be scheduled that require children to walk (supervised by leaders), to and from the activity or field trip within the Town of Vegreville.

_____ **Photos:** I hereby give my consent for photos of my child to be take and used for promotional purposes by Vegreville and District Family and Community Support Services and the Town of Vegreville. I agree and understand that no names of the children in the photos will be attached.

Parent's signature

Printed Name

Date

Following the 2 day training sessions, program participants will get the experience to volunteer for the duration of a week at the Sizzlin' Summer Day Camp Program.

Please indicate which week you would like to volunteer (#1 = first choice, #6 = last choice)

- _____ July 10th – July 14th
- _____ July 17th – July 21st
- _____ July 24th – July 28th
- _____ July 31st – August 4th
- _____ August 8th – August 1th
- _____ August 14th – August 18th