



Vancouver Island 4-H Junior Camp

May 11th - 12th 2019 and May 18th – 20th 2019

Facilitator Application Form

Forms are due April 20th, 2019

Name: _____ Age: ____ Sex: M _____ F _____

Address: _____ Birth Date: D ____ M ____ Y ____

City: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Email: _____ Care Card #: _____

Doctor: _____ Doctor's Phone #: _____

Have you facilitated at Jr. Camp before? Yes ____ No ____ If yes when? _____

Tell us about yourself (e.g. personality, experiences, hobbies, etc.) _____

Why you would like to attend Jr. Camp as a facilitator? _____

List any special skills, qualifications or abilities you have. (first aid, lifeguard, etc.) _____

List any medical conditions, allergies or special dietary needs (e.g. vegetarian), that the staff should know about. Any needs not listed will not be met. _____

Permission to release delegate's name and photograph: Your name and photograph may be published in media coverage and promotion of the 4-H program. Your signature below indicates that you agree to the release of this information.

Signature (Parent / Guardian if applicable) _____

Facilitators Signature: _____ Date: _____

Leader's Comments (If applicable) _____

Leader's Name: _____ Leader's Phone # _____

Leader's Signature: _____

Application Check List:

- Photo
- Health Form/Parent Release
- Camp Pringle Form
- Criminal Record check completed if 19 and over

All applications must contain a photo.
Please use a passport photo style
with a similar size to the box below.
All photos become property of
Jr. Camp.

Facilitators must be available:

- Saturday May 11th to Sunday May 12th, 2019
- Saturday May 18th to Monday May 20th, 2019.

Facilitators should be 17 years of age by the camp.

Facilitator's 19 and over must have a current criminal records check completed prior to camp

Application Deadline is April 20, 2019

Please send application to:

vancouverisland4hjuniorcamp@gmail.com

or

Vancouver Island Jr. Camp
c/o Mary Noakes
2905 Shawnigan Lake Rd
Shawnigan Lake, BC
VOR 2W1

Attach
photo
here

Questions? Need more information? Contact Kelly Kumbruch or Mary Noakes at 250.929.8378



MEMBER – PARENT RELEASE FORM

4-H BC collects personal information, following the Personal Information Protection Act (PIPA) regulations, for the purpose of establishing relationships with our members, leaders, and any other stakeholder to deliver 4-H programs, services and opportunities as well as for statistical and archival purposes.

By completing this document voluntarily, you are consenting to 4-H BC collecting, using and distributing your personal information in accordance with PIPA for the operational and business purposes of 4-H BC. By opting out of providing your personal information, this may limit or eliminate altogether the Organization's ability to provide products and/or services to you, to involve you in other organizational activities and/or to communicate with you. You may withdraw your consent at any time by contacting the 4-H BC Privacy Officer at manager@bc4h.bc.ca or at 1-866-776-0373.

4-H BC does not sell, rent or trade personal information of members, leaders or stakeholders. 4-H BC may disclose personal information from time to time, please review the 4-H BC Privacy Policy BC-01-12 for more information.

POLICY:

The 4-H Member-Parent Release Form must be completed by the enrolled 4-H members in the 4-H British Columbia Program annually at the time of enrolment (and once every twelve months), as a condition of 4-H membership. Also recommended, but not required for enrolled 4-H Leaders is Medical History A. – G. and Medical Treatment Release Form sections.

The 4-H Member-Parent Release Form covers:

1. ALL 4-H Program activities including 4-H club, inter-club, district, regional and provincial 4-H programs, both in-province and out of province.
2. ALL 4-H Events including third party 4-H Events with a 4-H Event Memo of Understanding signed with the 4-H BC Provincial Council.
3. ANY and ALL other 4-H activities, events or programs.

REASON:

It is important for everyone in the 4-H community to appreciate the reasons for this required policy and process, namely:

1. 4-H Leader awareness of information
2. The need to be prepared for a medical emergency
3. Complimentary to 4-H Farm Safety Program

PROCESS:

1. 4-H member's parent(s) or guardian is required to complete 4-H #135 annually at time of 4-H club enrolment. Any significant new/updated medical history information should be added at any time of the year.
2. 4-H Club "A" Leaders (or designate) are required to maintain a complete and up-to-date file of all 4-H Member-Parent Release Forms of Club members.
3. 4-H Leader/Volunteer or designated person in charge of each particular 4-H activity to have, on site and readily available, a copy of 4-H Member-Parent Release Form for those 4-H members they are responsible for, and have a basic understanding and awareness of any significant medical history of any member.
4. 4-H Member-Parent Release Forms may be photocopied or a blank form re-completed when it is required to accompany a district, regional, or provincial 4-H application form, e.g. Provincial 4-H Club Week.
5. 4-H Events may develop additional protocol and processes to ensure that they have a copy of 4-H Member-Parent Release Forms for 4-H members participating in their 4-H Events. Onus remains with the 4-H Leader/Volunteer/Chaperone etc., to also have their own copy on site for their own 4-H members.
6. 4-H Clubs/Districts may develop any additional complimentary guidelines to upgrade the above policy and process, but may not take away from it.



MEMBER – PARENT RELEASE FORM

I, (parent name) _____ am the (parent/guardian) of (4-H member) _____
_____ and certify that he/she has my permission to participate in the 4-H program/opportunity as a
member of (club name) _____

The staff and volunteers of the 4-H program provide the best educational program possible. However, the success of the program is equally dependent on the 4-H member assuming mature, responsible and safe behaviour while in attendance. The standards of behaviour include the following rules:

1. Possession or use of alcoholic and/or illegal drugs is absolutely prohibited.
2. No 4-H member may leave the grounds without permission of a 4-H program staff member/leader/chaperone.
3. Co-ed visiting during non-designated times is not permitted.
4. Members are expected to behave at all times in a manner consistent with the educational purposes of the program.
5. The program is not without risk and members, in dealing with livestock or otherwise, are expected at all times to follow instructions and to carry on in a safe manner.
6. Pre-arranged travel plans to and from the 4-H program/opportunity must be adhered to unless alternate arrangements have been authorized.

THOSE 4-H MEMBERS WHO DO NOT MAINTAIN THESE STANDARDS SHALL FORFEIT THE PRIVILEGE OF ATTENDING THIS 4-H OPPORTUNITY/PROGRAM AND RETURN HOME AT THEIR OWN COST, AND BE CHARGED IN FULL FOR THEIR PORTION OF ROOM AND BOARD.

I agree that the participation of (member's name) _____ is entirely at his/her own risk. This program/opportunity is of a strenuous nature both physically and mentally and it is in the interest of the member's well being that the following information is being requested.

Legal name of member: _____
Surname First Middle

Address: _____

Postal Code: _____ Home phone: _____

Date of Birth: _____
Month/day/year

In Emergency notify: _____ Relationship: _____

Address: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Doctor's Name: _____ Business Phone: _____

Address: _____

Member's Health Care Number: _____

Other Hospital Insurance: _____

MEDICAL HISTORY

PLEASE CIRCLE EITHER YES OR NO TO INDICATE MEDICAL CONDITION

A. Is the member's immunizations up to date? Yes No If no, state reason: _____

When was member's last tetanus inoculation? _____

B. Is there a history of any of the following: asthma fainting spells convulsions heart problems diabetes

epilepsy lung problems any other problems, please explain: _____

C. Does the member have any allergies? Yes No

Name all allergies (e.g medications/foods/plants/animals/environmental etc.): _____

D. Does member take any medications? Yes No
 NAME OF MEDICATION REASON DOSAGE TIMES

E. Does the member have any difficulties with any of the following?
 Eyes Yes No Remarks: _____
 Does member wear glasses? Yes No Contact Lens Yes No Denture Plate Yes No
 Ears Yes No Remarks: _____
 Nose Yes No Remarks: _____
 Throat Yes No Remarks: _____
 Digestion Yes No Remarks: _____
 Sleepwalking Yes No Remarks: _____
 Any other difficulties? Yes No Remarks: _____
 If yes, explain _____

F. Are there any physical activity restrictions? Yes No If yes, please list and explain: _____

G. Is member on a Special Diet? Yes No If yes, please explain what kind: _____

4-H Members attending Provincial 4-H residential opportunities/conferences may request special diets three weeks prior to program/opportunity commencing. E.g. Provincial Club Week, Agri-Career Quest, Youth Action, Food For Thought, Provincial Communication Finals
Mail to: 4-H BC, 2743 – 30 Street, Vernon, BC V1T 5C6
Fax: 250-545-0399

 Signature of Parent/Guardian Date

I have read and understand this B.C. 4-H member-parent release form. I agree that I participate voluntarily upon the basis of its term.

 Signature of 4-H Member Date

MEDICAL TREATMENT RELEASE FORM

I, _____ as the parent or guardian under circumstances as stated below, hereby
 (please print)
 authorize the staff person/chaperone/leader in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my child or ward, _____,
 (please print)

and I agree to accept complete financial responsibility in excess of the benefits allowed by the Provincial Health Plan:
 1. Where the health and well being of my child/ward is involved.
 2. Where medical advice has been such that further services are required – services which require the consent of the parent or guardian.
 3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the staff member/chaperone/leader in charge of the program as to what steps must be taken for the welfare and safety of my child/ward.

Dated at _____ in the Province of _____
 this ____ day of _____, 20____.

 Signature of Parent or Guardian

Permission and Acknowledgement of Risks and Agreement to Hold Harmless:

Group Name: 4-H Junior Camp Camp Dates: May 18 – 20, 2019

To be completed by Parent/Guardian on behalf of Student(s). For the purposes of this document, the names **The George Pringle Memorial Camp Society, The George Pringle Memorial Camp, Camp Pringle and The Camp** will be understood to include the staff, volunteers, board, trustees and anyone else directly associated with The George Pringle Memorial Camp Society.

I, _____ (the parent/guardian) of _____ (student's name(s)), recognize that my dependent will be involved in adventure-based activities as well as general camp activities at Camp Pringle. Activities involved in this program may include hiking, orienteering, rock climbing, canoeing, sailing, windsurfing, tubing, mountain biking, swimming, nature study, high & low ropes team initiative challenges, archery, sports and games, as well as other various leadership initiatives, team-building challenges and general camp activities.

I understand that outdoor, camp and adventure based activities present to the participant a wide variety of risks, hazards and conditions, not all of them easily foreseeable, which could result in any type of physical or emotional injury. These conditions may include, but are not limited to uneven terrain, changeable weather conditions, animal and plant life, and the use of assorted vehicles, gear and equipment including various types of safety gear. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity and camping experience.

I expressly agree and promise to accept and assume all of the risks existing in this activity that are in my control. My child does not have to participate in the challenge adventure-based activities if he/she/we does not feel comfortable or confident doing so. I certify that I, my child or family has/have no medical or physical conditions which could interfere with his/her/our safety, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

I understand that Camp Pringle will approach this camp with both care and planning. While the camp is underway, they will endeavor to instruct, protect and care for the well being of my dependent, as would I in their place, including making decisions regarding his/her medical care. I also understand that, following all camp activities that they will continue to maintain professional standards of behaviour regarding my dependent.

I understand that my dependent will be expected to uphold the standards of behaviour expected of them from Camp Pringle. She/he will be expected to listen to and honour any request, suggestion, advice or rule given by the staff, employees of Camp Pringle and other supervising adults at the camp, with the understanding that this is in the best interest of all participants. (S) He will be expected to act with responsibility and care for him or herself, and for others at the camp. I understand and accept that behavior by my child/dependent that is harmful or detrimental to others may result in dismissal from camp.

I am aware that there are risks involved in this program, and have decided that I am prepared to allow my dependent to participate in the program and all program activities. I am content to allow them to proceed at the camp as they wish.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the United Church of Canada, the George Pringle Memorial Camp Society (Camp Pringle) trustees, Board and Society members, Camp Pringle staff and volunteers from any and all claims, demands, or causes of action, which are in any way connected with my child/self/ward's participation in this camping program or use of Camp Pringle's equipment or facilities.

I understand and accept that Camp Pringle is not responsible for lost, damaged or stolen property brought to camp by my child/dependent or myself.

I give permission for Camp Pringle to use the information I give to ensure a positive camping experience for my child/dependent.

I have read this agreement at my leisure, and have understood its nature and its contents. Please allow my dependent to participate in this program.

Additional Indemnification (must be completed for by parents/guardians for participants under the age of 19).

In consideration of the above named camper(s) being permitted by Camp Pringle to participate in its activities and to use their equipment and facilities, I further agree to indemnify and hold harmless Camp Pringle and the United Church of Canada from any and all claims which are brought by, or on behalf of my dependent(s) and which are in any way connected with such use or participation by my dependent(s).

Date: _____

Parent/Guardian Signature: _____ Printed Name: _____