



1. Please read document thoroughly and complete in full
2. To submit electronically press "submit here" button at end of pg 4
3. Alternatively, print, scan and email to forms@nic.bc.ca

****Please do not mail forms****

Please contact ali.sandholm@nic.bc.ca for questions or assistance

Emergency Contact Information

Child's Information

| | | |
|---|-----------|-------------|
| Child's Name | Birthdate | |
| Address | | |
| City | Province | Postal Code |
| Special Conditions, Disabilities, Allergies or Medical Information for Emergency Situations | | |

Parent or Guardian #1 Information

| | | |
|---------------------------------|-------------------|-------------|
| Parent's Name | | |
| Address if Different Than Child | | |
| City | Province | Postal Code |
| Home Phone Number | Work Phone Number | |
| Cell Phone Number | Email | |

Parent or Guardian #2 Information

| | | |
|---------------------------------|----------|-------------------|
| Parent's Name | | |
| Address if Different Than Child | | |
| City | Province | Postal Code |
| Home Phone Number | | Work Phone Number |
| Cell Phone Number | Email | |

Emergency Contacts (when attempts to reach parents are not successful)

| | |
|---------|--------------|
| Name #1 | Phone Number |
| Name #2 | Phone Number |

Besides Parent/Guardian: Person's Authorized to Pick Up Child

| | |
|--|--------------|
| Name #1 | Phone Number |
| Name #2 | Phone Number |
| Please mark the circle provided if your child will be leaving the program without an adult: | |

Parent/Legal Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

Youth Academy Informed Consent

North Island College's Youth Academy ("Youth Academy") delivers the Academic Edge tutoring program (the "Program") on the Comox Valley campus in Courtenay, BC. The participants ("Participants") in the Program are individuals whose involvement is voluntary and confirmed by pre-registration. The Academic Edge program is a valuable educational opportunity, but is not without risks, dangers, hazards, and liabilities to all Participants. These include, but are not limited to, personal injury, death, property damage, delay or inconvenience, expense and other loss, and cancellation. All persons taking part in the Program are required to accept these and all other risks as a condition of their participation.

Academic Edge Program Risks and Hazards

The Participants in the Program will take part in educational tutoring lessons and activities, primarily in an outdoor setting. When weather is inclement, sessions will be held inside. The risks inherent to the Program include, but are not limited to the following:

- Wounds; paper cuts, abrasions from use of pens, pencils, pencil sharpeners,
- Environmental irritations; sun exposure, sun burn, heat exhaustion, cold exposure, wind, rain
- Allergic reaction; food, dust, outdoor environment including grass, pollen, bees, animals
- Trips; contact with tables and chairs, uneven ground
- Slipping; spills, wet grass, mud
- Potential COVID19 exposure

I acknowledge the risks involved with participation, and that adhering to the instructions and guidance from the Program instructors and College employees are in the Participant's best interests.

I understand that the Participant's conduct will be in accordance to rules and regulations imposed and in accordance with the College Code of Conduct Policy #3-06. To find the details of policy 3-06 please click on the link above, or alternatively you can find it by copy and pasting the below link into your navigation bar:
<https://www.nic.bc.ca/pdf/policy-3-06-community-code-of-academic-pers-and-prof-conduct.pdf>

I acknowledge that at any time the College may refuse to allow participation in the Program to any persons who are a hazard to themselves or other participants involved in this activity.

Initials of Participant

Initials of Parent/Guardian

Youth Academy Informed Consent

By initialing below the Participant and their Parent/Guardian

- Agree the Participant will be prepared with the appropriate supplies and wear suitable clothing for participation in Program activities, including but not limited to sunscreen, hat, weather appropriate clothing, required supplies for the program such as pens, pencils, erasers, sharpener and an appropriate calculator (please see the Academic Edge web page for further details www.nic.bc.ca/youth-academy)
- Agree that it is the responsibility of the Participant and Parent/guardian to familiarize themselves with environment and health and safety requirements applicable to the Program.
- Agree the Participant will follow directives provided by Program instructors and College employees, and to respect emergency situation guidelines.
- Agree to follow the College's procedures, report any incidents witnessed to program Instructors, and College employees, and respect environmental, health and safety requirements on College property while participating in the Program.
- Understand and fully accept that if the Participant fails to observe any conditions or rules established during the course of the Program, that the Participant may be asked to leave and the Parent/Guardian is responsible to pick up the Participant in a timely manner
- Understand that any incidents requiring removal of the Participant from the Program will not result in refund of fees.

Initials of Participant

Initials of Parent/Guardian

I consent to the Participant's presence at North Island College and I accept and fully assume all health and safety risks, dangers and hazards which may be associated with their participation in the Academic Edge Program.

I, the undersigned, declare that I am the parent or legal guardian of the Participant identified below. I agree to inform the Participant about the guidelines of this program and North Island College requirements.

Print name of Parent/Legal Guardian

Signature of Parent/Guardian

Work Phone of Parent/Guardian

Cellphone of Parent/Gurdian

Participant Name