



Youth Academy Participant Emergency & Medical Information

Camp name:

Camp date:

Child's Name		Birthdate
Address		
City	Province	Postal Code
Required Supports, Special Conditions, Allergies or Important Medical Information:		

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 (optional)

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 indicate via the check box if your child has permission to self sign-out daily:

Parent/Legal Consent and Agreement for Emergencies

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

Parent/Guardian Signature	Date
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Youth Academy Informed Consent

North Island College’s Youth Academy (“Youth Academy”) provides academic activities for youth under 18 on campus locations and in satellite communities. The Participants are individuals who are registered in Youth Academy activities. Youth Academy programs are valuable educational opportunities, but are not without risks, dangers, hazards, and liabilities to all Participants. All persons taking part in Youth Academy are required to accept these and all other risks as a condition of their participation.

The Participants in Youth Academy camps will take part in educational activities, in both indoor and outdoor settings. The risks inherent to participation in Youth Academy activities include:

	Physical Activity Hazards	Outdoor Hazards	Science Lab Hazards	Computer Lab & Classroom Hazards	Equipment Hazards	Campus Hazards	Miscellaneous Hazards
	Cuts, bruises, abrasions, sprains, contact with projectiles/people, overheating, exhaustion, trips, slips, falls.	Exposure to weather (sun, rain, hail), environmental allergic reactions, insect bites/stings, forest space, trips, slips, falls, uneven ground, increased heart rate.	Exposure to chemicals, skin abrasions, allergic reactions, eye irritation, cuts, impact with chairs & other obstructions, electrical cords and outlets, spills, slips, chemical or open flame burns.	Impact with chairs & other obstructions, exposure to electrical cords and outlets, spills, slips, eye strain, neck tension.	Cuts from scissors, paper and other material cuts, cuts from sharp pieces, abrasions, contusions, equipment falling over.	Becoming lost or separated from group, slips, trips, falls, stairs, forested space, non-campus related individuals.	Theft, unheeded safety guidelines around campus, other camp participants, others on campus, hazards existing at off-campus locations: lack of signage, uneven, unmaintained terrain.
Jr. STEM: STEM & Sport	X	X		X	X	X	X
STEM Teens: Code Con STEAM Teens Mad Scientist Space X Sound FX Explore Eng. Digital Design	X	X	X <i>Mad Scientist</i>	X	X	X	X
NICBot Camp	X	X		X	X	X	X

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.

Parent/Guardian Signature	Date
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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: sanitizer, sunscreen, hat, towel, running shoes, lunch, snacks and water.
- 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 to follow NIC's Policy #3-06 - Code of Personal and Professional Conduct as a member of the NIC campus community while attending Youth Academy activities. Policy 3-06 can also be found by typing the following URL into your navigation bar: nic.bc.ca/pdf/policy-3-06-community-code-of-academic-pers-and-prof-conduct.pdf
- 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 removed from the Program without refund and that it is the responsibility of the parent/guardian to pickup the Participant in a timely manner.

Parent/Guardian Initials	Participant Initials
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Youth Academy Participation Consent

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 my child's participation in Youth Academy activities.

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.

Name of Legal Parent/Guardian (Print)	Signature of Legal/Parent/Guardian
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Participant Name	Camp name/date
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YOUTH ACADEMY PERMISSION TO PUBLISH (Optional)

I, _____, hereby grant North Island College and its employees, agents and assigns, the right to use, edit, publish and/or display photographs, video, voice and text information of me and/ or my child in the promotional work of North Island College in all media.

I agree to hold North Island College and its employees, agents and assigns, harmless against any possible liability resulting from the use of photographs of me and/ my my child, and I hereby release and discharge North Island College and its employees, agents or assigns from any claims whatsoever in connection with the use of such photographs, video, voice and text.

I am signing this release freely and voluntarily and in executing this release do not rely on any inducements, promises, or representations made by North Island College or its employees, agents and assigns.

Please print.

Attendee First & Last Name _____

Camp Name _____

Camp Location _____

Attendee Mailing Address _____

Parent/Guardian Email _____

Telephone _____

Name of Parent/Guardian _____

Parent/Guardian Signature _____

Date Signed _____

**Please return this form at check in
on your first day of camp.**

For Internal Use Only:

Photo _____

Media Release _____

Publication _____

Project _____