



2010 Youth Leadership Millennium Bronze Level Application Form

Please return application form to S.U.C.C.E.S.S. Group and Community Services

In Person: 38 West Pender Street, Vancouver

Mail: 28 West Pender Street, Vancouver B.C. V6B 1R6

Tel: 604-408-7260 Fax: 604-408-7270 E-mail: vicky.ma@success.bc.ca

PARTICIPANT INFORMATION

Participant's Name:

_____ (First Name) _____ (Last Name)

Address:

Street City/Town Province Postal Code

Phone 1: (_____) _____ Phone 2: (_____) _____

Email: _____ Email of Parents: _____

Date of Birth (M/D/Y): ____/____/____ Age: _____ Gender: M ____ F ____

Immigrant Category: Citizen Family Class Assisted Relative Independent Entrepreneur Investor
Refugee Others: please specify: _____

Place of Origin: _____ Years in Canada: _____

Language: _____

Where did you hear about the program? School Newspaper Radio TV Friends Website

Others: please specify: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone Number: (_____) _____

BC Care Card Number: _____

Do you have any allergy?

Food Allergy: No Yes, please specify: _____

Medicine Allergy: No Yes, please specify: _____

Other Allergy: No Yes, please specify: _____

Please list any medical/health conditions that staff/instructors need to be aware of:



PLEASE SIGN

I fully understand and certify that:

- The above information is correct to the best of my knowledge.
- Lunch and snack are not included in the camp.
- Participants are responsible for their own safety in all activities in this program and shall not hold S.U.C.C.E.S.S. responsible for any injuries caused to participant during the program.
- Program is subject to change without prior notice.
- I have signed all necessary waivers.
- I have given my consent and full authority to the staff of S.U.C.C.E.S.S., in the event that my child requires professional medical attention, to transport my child to the nearest emergency centre, including by ambulance, if necessary, and accept that I am responsible for the transportation costs.

Signature of Participant (Age 18 or above): _____

Print Name: _____ Date: _____ (M/D/Y)

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____ (M/D/Y)

PAYMENT RECORD (office use only)

Total Payment: \$995 (before May 20, 2010)/\$1195 (after May 20, 2010)

Payment Method: (Cash / Cheque (Cheque number: _____) / Credit Card)

Receipt Number: _____

Date: _____

Staff: _____



S.U.C.C.E.S.S.

**Parental Consent to
Children Activities
家長/監護人同意書**

Program/Activity 節目/活動	Youth Leadership Millennium	Location 地點	Pender office & various locations
Name of Child 子女姓名		Date 日期	

I give consent for my child to participate in the above program/outdoor activity. I understand that it is my responsibility to advise S.U.C.C.E.S.S. of any conditions which may affect my child's participation in the program and have listed them below:

本人同意讓子女參加以上活動, 並明白若子女有任何醫護或其他情況, 會影響他們參與有關活動時, 本人有責任通知中僑互助會, 並已詳列如下:

- Medical Conditions (e.g. asthma) _____
 醫護情況 (例如: 哮喘)
- Allergies (food, dust, etc.) _____
 過敏 (食物, 塵埃, 其他)
- Others _____
 其他

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance, if necessary, and accept that I am responsible for any costs of such ambulance service. I have read this Consent Form and understand and accept its terms.

在子女需要醫護照顧時, 本人同意將子女送往最近之急症室, 如有需要, 包括使用救護車, 並負責繳付使用救護車之費用. 本人已閱讀此同意書, 並已明白及接受其條款.

Parent/Guardian Name
家長/監護人姓名

Signature
簽名

Date
日期

Emergency Contact Information 緊急聯絡資料

Parent/Guardian Name 家長/監護人姓名	Alternate Contact 其他聯絡人
Telephone/Cell Phone 電話/手機	Telephone/Cell Phone 電話/手機
Telephone/Cell Phone 電話/手機	Telephone/Cell Phone 電話/手機



S.U.C.C.E.S.S.

Client Consent to Service

I have received explanation about the service to be provided to me/my child(ren) by S.U.C.C.E.S.S. and about my rights and responsibilities as a client of S.U.C.C.E.S.S. I understand that I have the right to refuse the service or withdraw my consent to service at any time. If I choose to seek service from alternative organizations, S.U.C.C.E.S.S. will provide me with necessary information and referral.

I understand that during the course of service, S.U.C.C.E.S.S. will collect certain personal information from clients, and S.U.C.C.E.S.S. will collect only that personal information which required for accomplishing its requested task and that it will retain the information in a secure and confidential manner.

I understand that S.U.C.C.E.S.S. will protect the privacy of clients and treats clients' personal information confidential in accordance to the "Confidentiality and Privacy Protection" policy and procedure stated in the S.U.C.C.E.S.S. Operation Manual.

I understand that I have the right to change or withhold the contents of personal information to be disclosed at any time. Exception to this standard use of personal information will require my written consent.

I hereby give my consent for S.U.C.C.E.S.S. to provide service to me/my child(ren).

Name of Client *Signature* *Date*

Name of Staff *Signature* *Date*



S.U.C.C.E.S.S. Consent to Taking Photos or Electronic Images

I have read* or received explanation from S.U.C.C.E.S.S. personnel about the S.U.C.C.E.S.S. policy in protecting personal information. I hereby give consent to S.U.C.C.E.S.S. for taking my photos or electronic images described below.

The photos or electronic images are about my participation in

Activity: **Youth Leadership Millennium Program**

Date: **April 2010 – January 2011**

Place: **Pender office & various locations during the program**

The photos or electronic images may be used by S.U.C.C.E.S.S. only for the following purpose and will not be released to a third party without my consent.

- Youth Leadership Millennium Participant’s Yearbook
- Program promotion

I agree to be identified by my: full name first name last name

I agree to be identified as “participant” or by means specified below

I understand that I may withdraw my authorization by giving written notice to S.U.C.C.E.S.S. at any time.

Name

Signature

Date

Location/Office

Staff

Signature

Date

**See “S.U.C.C.E.S.S. Protection of Personal Information Policy” on the other side.*



PROTECTION OF PERSONAL INFORMATION

POLICY

S.U.C.C.E.S.S. respects the privacy rights of individuals and is committed to protecting the personal information of S.U.C.C.E.S.S. members, clients, donors, volunteers, and employees.

In the course of providing service, organizing activities, and managing the Society, S.U.C.C.E.S.S. needs to collect, use and disclose client's personal information. S.U.C.C.E.S.S. will only do so in strict compliance with the prevailing legislation in order to protect the privacy of personal information.

S.U.C.C.E.S.S. will obtain consent from individuals when it collects, uses or discloses personal information. Individuals may withdraw consent at any time, subject to legal or contractual restrictions and reasonable notice.

Any individual who provides S.U.C.C.E.S.S. with personal information should expect that it will be carefully protected and that its use and disclosure is subject to the individual's consent.