

2011 Youth Leadership Millennium (YLM) Bronze Level Application Form

Please submit application form with payment to S.U.C.C.E.S.S.

In Person: 38 West Pender Street, Vancouver

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

Tel: 604-408-7274 ext. 1084 Fax: 604-408-7270 E-mail: michelle.leong@success.bc.ca**PARTICIPANT INFORMATION**

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address: _____ City: _____ Postal Code: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Age: ____ (Age requirement: 14+ years) Gender: _____

Grade in Sept 2011: ____ School/College/University: _____

Place of Origin: _____ Years in Canada: ____ Language(s) Spoken: _____

Immigrant Category: Citizen Family Class Assisted Relative Independent Entrepreneur
 Investor Refugee Others: please specify: _____Where did you hear about the program? School Newspaper Radio TV Friends Website
 Others: please specify: _____**PARENT/GUARDIAN INFORMATION**

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

MEDICAL INFORMATION

Emergency Contact Name: _____ Relationship to Participant: _____

Daytime Telephone: _____ Evening Telephone: _____

Doctor's Name: _____ Phone Number: _____

BC Care Card Number: _____

Do you have any allergies?

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.
- 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 participants during the program.
- Program is subject to change without prior notice.
- Lunch and snacks are not included in the program.
- 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.
- I have signed all necessary waivers.

Signature of Participant _____

Print Name: _____ Date: _____ (MM/DD/YYYY)

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____ (MM/DD/YYYY)

<p>PAYMENT RECORD (office use only)</p> <p>Total Payment: \$995</p> <p>Payment Method: (Cash / Cheque (Cheque number: _____) / Credit Card)</p> <p>Receipt Number: _____</p> <p>Date: _____</p> <p>Staff: _____</p>
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Refund for Fee Charging Programs

1. General Guidelines

- a. The original receipt must be presented with a *Request for Refund Form*.
- b. If a client requests a refund after a program has started, S.U.C.C.E.S.S. will consider that person to have participated in the registered program, whether or not he or she actually attended.
- c. Registration fees and membership fees are not refundable.
- d. Kit/Material fees may be refundable if they are returned in their original condition.
- e. The examination or assessment fees may be refundable if the appointment is cancelled at least twenty four (24) hours beforehand.
- f. All refunds will be issued by cheque within thirty (30) calendar days. There are no cash refunds under any circumstances.
- g. If fees were paid by a third party on behalf of the client, the cheque will be made payable to the third party who paid the fees.

2. Refund Before Program Starts

- a. If request for refund is made within seven (7) calendar days after the fees have been paid, S.U.C.C.E.S.S. will retain the lesser of the two: 10% of the program fee or \$100.
- b. If the request for refund is made more than seven (7) calendar days after the fees have been paid, but more than thirty (30) calendar days before the program starts, S.U.C.C.E.S.S. will retain 10% of the program fee.
- c. If the request for refund is made more than seven (7) calendar days and less than thirty (30) calendar days before the program starts, S.U.C.C.E.S.S. will retain 20% of the program fee.
- d. If for any reason the program is cancelled by S.U.C.C.E.S.S. before it starts, S.U.C.C.E.S.S. will refund 100% of the program fee.

3. Refund after Program Has Started

- a. If the request for refund is made, or if the client's participation in the program is terminated for just cause by S.U.C.C.E.S.S. within 10% of the program's duration, S.U.C.C.E.S.S. will refund 70% of the program fee.
- b. If the request for refund is made, or if the client's participation in the program is terminated for just cause by S.U.C.C.E.S.S. within 30% of the program's duration, S.U.C.C.E.S.S. will refund 50% of the program fee.
- c. If the request for refund is made, or if the client's participation in the program is terminated for just cause after 30% of the program duration, no refund will be given.

中僑互助會退款手續摘要

1. 一般準則

1. 申請退款時，必須交回收據正本。
2. 參加者若在活動開始後申請退款，不論是否出席或上課，均作「已出席/上課」論。
3. 報名費及會員費恕不退款。
4. 書本及材料若未經啓用並保持良好狀況，本會可考慮給予退款。
5. 若於入學考試或評審廿四小時前通知本會，可考慮退還考試或評審費用。
6. 退款將於三十天內以支票形式退還，任何情況下均不設現金退款。
7. 若學費是由他人代付，退款支票將以繳款人爲抬頭人。

2. 活動舉辦前申請退款

1. 若於付款後七天內申請退款，本會將扣取活動費百分之十或最多一百元。
2. 若於付款七天後，但於活動舉辦三十天前申請退款，本會將最多退還活動費百分比之九十。
3. 若於付款七天後，但於活動舉辦不足三十天前申請退款，本會將最多退還活動費百分比之八十。
4. 若活動未能舉辦時，本會將退還全數活動費。

3. 活動舉辦後申請退款

1. 若參加者於活動進行了不足百分之十而申請退款或被終止參加資格，本會將最多退還活動費百分之七十。
2. 若參加者於活動進行了不足百分之三十而申請退款或被終止參加資格，本會將最多退還活動費百分之五十。
3. 若參加者於活動進行了超過百分之三十而申請退款或被終止參加資格，本會不作任何退款。

如有查詢，請與中僑互助會聯絡。



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 服務使用者姓名

Signature 簽名

Date 日期

Name of Staff 職員姓名

Signature 簽名

Date 日期

服務使用者同意接受中僑服務 (此乃中文摘要，一切以英文為準)

本人獲告知有關由中僑提供給本人/子女的服務，以及身為中僑服務使用者的權利和責任。本人明白有權隨時拒絕服務或不同意中僑提供服務。如果本人選擇其它機構的服務，中僑將會提供所需的資料和作出轉介。

本人明白在接受服務的過程，中僑會收集一些必需的個人資料，並會將資料保密和妥善收藏。

本人明白中僑會按照中僑工作手冊中所訂定的「保密與保護私隱」政策和程序來保護服務使用者的私隱，並將個人資料保密。

本人明白隨時有權更改或撤銷個人資料內容。除非獲得本人書面同意，否則不能將個人資料作其他用途。

本人特此同意中僑向本人/子女提供服務。



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 Program	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. 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: **June 2011 – January 2012**

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 (includes posters, brochures, flyers, videos, websites)

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

Pender Office

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.