

2011 Network to China Application Form

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

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

Tel: 604-408-7274 ext. 1054 Fax: 604-408-7259 E-mail: cindyp@success.bc.ca**Application due date: April 30, 2011****PARTICIPANT INFORMATION**

Participant's Name:

_____ (First Name) _____ (Last Name)

Address:

Street City/Town Province Postal Code

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

Email: _____ SIN Card No.: _____

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

Name and Current Level of School: _____

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

Place of Origin: _____ Years in Canada: _____

Language(s): _____

Where did you hear about the program? School Newspaper Radio TV Friends Website Others: please specify: _____**APPLICATION QUESTIONS**

Please answer each of the following questions in fewer than 100 words. Attach your answers to this application.

1. Why are you applying? Explain your motivation and describe what you expect to experience.
2. What strengths and skills will you bring to the team to help us reach the goals of this program?
3. Please complete this sentence: "People who live in developing countries are..."

Application due date: April 30, 2011



Parental Consent and Medical Information

Program: 2011 Network to China

Date: July 23rd-Aug 7th, 2011

Name of participant: _____ Birth Date: _____ Sex: M F

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Mother's Place of Employment: _____ Father's Place of Employment: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

If parents/guardians cannot be reached, call:

1. _____ Phone: _____

2. _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Care Card No.: _____ Other Insurance/Medicaid: (I.D. number) _____ (Group number) _____

Please list any serious health problem(s); Examples: bee sting reactions, asthma, food allergies, etc.:

Please list any medications your child is allergic to: _____

Please list any long-term medications your child receives: _____

We should know about the current or past medical condition of this participant, and if so, what? _____

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.

I give permission for all health information relating to my child to be shared with the appropriate healthcare provider who is attending to my child.

Parent's/Guardian signature: _____

Date _____

Program Waiver Form

WAIVER OF LIABILITY: In consideration of S.U.C.C.E.S.S. organizing this event and allowing my child to participate in “**Network to China**” Program on **July 23rd to Aug 7th, 2011**

I, _____ (Name of Parent/Guardian), on my own behalf, and on behalf of my minor child listed below (the “Participant”), acknowledge and agree as follows:

- I agree to waive, release and promise not to sue S.U.C.C.E.S.S., and its employees, volunteers, contractors, agents, directors, and officers (hereinafter collectively called “S.U.C.C.E.S.S.”) from any and all manner of actions, causes of action, suits, claims and demands, of any nature or kind, that I, or the Participant, or either one of us, or our personal representatives, have, or at any time may have, arising from or in any way connected to the Program, including but not limited to any and all liability for any loss, damage, expense or injury (including death) that the Participant may suffer as a result of his/her participation in the Program, due to any cause whatsoever, including, without limitation, any negligence of S.U.C.C.E.S.S.

- I acknowledge and agree that participation in the Program, and related activities and excursions may expose the Participant to potentially hazardous situations and a potential risk of harm or injury, and such participation is undertaken at the Participant’s risk. If the Participant is suffering from physical or mental conditions that may potentially expose him/her to an increased risk of harm or injury, he/she is responsible for obtaining appropriate medical advice about his/her participation in the Program, and is responsible for bringing with him/her to the Program all necessary medical identification and ensuring he/she has appropriate health insurance coverage for his/her protection. The Participant is also responsible for the care of his/her own belongings, and will assume all liability for any loss or damage to such belongings.

- I acknowledge and agree that: (a) S.U.C.C.E.S.S. does not accept responsibility for losses or other expenses that the Participant may incur due to delay, changes in other services, sickness, strike, war or other causes beyond the control of S.U.C.C.E.S.S.; and (b) S.U.C.C.E.S.S. may decide to cancel, advance or postpone a scheduled departure or program, change the itinerary or modes of transportation if circumstances arise which, in the opinion of S.U.C.C.E.S.S., necessitate such a change and that S.U.C.C.E.S.S. will not be liable or responsible for any loss, expense or inconvenience associated with such change(s).

- I agree to hold harmless and indemnify S.U.C.C.E.S.S. from and against any and all costs, expenses, actions, causes of action, suits, claims and demands of any nature or kind that S.U.C.C.E.S.S. may incur as a result of the Participant’s participation in the Program, including, without limitation, any damage to property, or personal injury to any third party arising from the acts or omissions of the Participant.

I acknowledge and understand that there may be certain inherent risks associated with activities in the Program and I have read and understand this Waiver and agree to accept these risks and the Terms of the Wavier. I also represent and declare, and am aware that S.U.C.C.E.S.S. is relying on these representations and declarations, that I am the legal guardian of the Participant and as such have authority to sign this Wavier on the Participant’s behalf.

INTENDING TO BE LEGALLY BOUND I have signed this RELEASE AND WAIVER OF LIABILITY this _____ day of _____ 2011

Parent/Guardian’s Name [in print] _____ Signature _____

Participant’s Name [in print] _____ Signature _____