



Okanagan Indian Band

12420 Westside Road | Vernon, BC | V1H 2A4

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YOUTH ACTIVITIES REGISTRATION FORM

FAMILY INFORMATION:

CHILD LAST NAME:		CHILD FIRST NAME:	
GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> PREFER NOT TO DISCLOSE	DATE OF BIRTH:	
PARENT/GUARDIAN 1:		PHONE #:	
PARENT/GUARDIAN 2:		PHONE #:	
HOME ADDRESS:			
	PROV:		POSTAL CODE:
EMAIL ADDRESS:			

If there is a custody agreement or restraining order in place, please provide copies.

MEDICAL INFORMATION:

MEDICAL NUMBER:			
ALLERGIES:			
DOCTOR NAME:		PHONE #:	
Please list any medications your child takes as well as dosage and times:			
Medical Alert Information:			

REGISTRATION FORM FOR (CHILD'S NAME): _____

OTHER INFORMATION:

Does your child have any mental, emotional or behavioral limitations that staff should be aware of?	
Please list any vision, hearing or speech concerns your child has?	
Please list any other health concerns:	

EMERGENCY CONTACTS (DIFFERENT FROM PARENT/GUARDIAN LISTED ABOVE):

FIRST AND LAST NAME:	
RELATIONSHIP TO CHILD:	
PHONE#:	
PICKUP AUTHORIZATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO

FIRST AND LAST NAME:	
RELATIONSHIP TO CHILD:	
PHONE#:	
PICKUP AUTHORIZATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Registration form to be updated on a yearly basis, or as required.

AUTHORIZED FOR PICKUP:

FIRST AND LAST NAME:	RELATIONSHIP TO CHILD:	PHONE #:

PARENT/GUARDIAN SIGNATURE

DATE

PROGRAM PERMISSION FORM

I give my child, _____, permission for the following:

Sunscreen Application

I authorize the OKIB youth activities staff to apply sunscreen to my child, to exposed skin areas before going outside on sunny days.

YES NO INITIAL _____

Neighborhood Walks

I give my child permission to go on supervised spontaneous walks.

YES NO INITIAL _____

Photo Permission

I consent for my child to be photographed by the OKIB youth activities staff or the media. I understand that these photos may be used for publicity in the local paper or for use with the children.

YES NO INITIAL _____

Media Coverage

I give permission for my child to be involved in media coverage. Ex. Sen'klip

YES NO INITIAL _____

Health Nurse

I give permission for the public health nurse to access my child's file in matters concerning immunization records, birth dates, addresses, phone numbers and health concerns.

YES NO INITIAL _____

Artwork Publication

I give permission for my child's artwork to be publicized.

YES NO INITIAL _____

PARENT/GUARDIAN SIGNATURE

DATE

CODE OF CONDUCT

The Okanagan Indian Band Youth Program is a youth-serving program dedicated to providing physical activities, cultural, and life skill programs. Participation in the organization's programs is subject to the observance of the organization's rules and procedures. The activities outlined below are strictly prohibited. Any participant who violates this Code is subject to discipline, up to and including removal from the program.

I agree to meet these program expectations:

- **Listen** to staff when they are giving instructions or sharing other important information.
- **Communicate with staff.** Ask questions when I do not understand. Ask permission before leaving the program area. Talk to staff if I am upset, sad, hurt or feeling ill.
- **Fully Participate.** Be willing to try something new and challenge myself to learn new things. Follow rules required by staff.
- **Respect my surroundings and others in the program.** Keep my hands to myself except during games where we are allowed to touch other people. Use respectful language with staff and others including my peers. Work through disagreements with other kids by using my words-get help from staff if I cannot resolve a problem myself. Treat my surroundings with care including cleaning up after myself.

I will NOT:

- Hurt others, including their bodies or their feelings
- Talk or be disruptive when the instructor/counselor is giving instructions
- Get into arguments with others

The following may result in being dismissed from the program:

- Harassing or bullying another person
- Using physical violence with or otherwise inappropriately touching another person
- Bringing a weapon, drugs or alcohol
- Using profanity or vulgar language, including language disrespectful towards any person
- Leaving the program area without permission or intentionally separating from the group
- Failing to comply with other requirements of the program

What will happen if I do not meet expectations of the program?

- Staff will me give a verbal warning regarding behaviors that are not allowed and, in most cases, give me an opportunity to correct the behavior.

- Depending on the behavior, staff may also contact my parent or guardian.
- In some cases, I may be required me to sign a behavior contract in order to stay in the program.
- Some behaviors may result in immediate suspension or dismissal from the program.

As the parent/guardian I will support my child's participation in this program by:

- Making arrangements so my child arrives on time and is picked up at the end of the day on time; this includes avoiding scheduling appointments during program whenever possible
- Following all procedures for drop off, pick up and proper identification protocols; repeated failure to abide by these procedures may result in my child being dismissed from the program
- Enabling my child to come with all required supplies and clean, weather-appropriate clothing
- Communicating with staff prior to program start time if my child must be absent due to illness or another unforeseen matter
- Not making inappropriate requests of instructors/counselors that conflict in any way with our program guidelines
- Working together with program staff to resolve issues that arise with my child
- Sharing strategies that work well with my child in group settings

Youth Activities Workers commit to:

- Respectful and effective communication with all participants and their parents;
- Helping you have a safe and fun experience;
- Addressing problems that are brought to our attention;
- Creating an environment where everyone is welcomed and given the opportunity to succeed.

Working as a team allows everyone to succeed!

Sign below acknowledging your understanding of and commitment to following this code of conduct.

PARTICIPATING CHILD SIGNATURE: _____

PARENT(S)/GUARDIAN(S) SIGNATURE: _____

PROGRAM STAFF REPRESENTATIVE SIGNATURE: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I acknowledge it is my duty and my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the Okanagan Indian Band Youth Activities staff.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. I acknowledge that the Okanagan Indian Band Youth Activities staff has the right to refuse to allow my child to participate in any activity if, in the staff's opinion, the participant is not adequately fit, not properly equipped, insufficiently skilled, suffering an illness or otherwise not ready to participate safely.
4. My child has been informed that they are to abide by the rules and regulations, including directions and instructions from the Okanagan Indian Band Youth Activities staff and/or service providers, administrators, instructors/coaches, and supervisors over all phases of the program/activity.
5. My child has read and been informed that they are to abide by the Code of Conduct and rules.
6. In the event my child fails to abide by the rules and regulations or Code of Conduct or rules, disciplinary action may require their exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements. I will be responsible for any related costs associated.
7. I acknowledge that it is my duty to advise the Okanagan Indian Band Youth Activities staff of any medical/health concerns (e.g., illnesses, medical, physical, emotional, learning, and/or behavioral conditions) of my child that may affect his/her participation.
8. I acknowledge that the Okanagan Indian Band Youth Activities staff may choose to cancel the activity if conditions are deemed unsafe (e.g., weather, health advisory). I accept that the Okanagan Indian Band Youth Activities staff will not be liable for any costs associated with such a cancellation.
9. I acknowledge that the Okanagan Indian Band Youth Activities staff may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that my child has my permission to participate throughout this calendar year.

PARTICIPATING CHILD: _____

PARENT/GUARDIAN SIGNATURE

DATE