

# Application Form

## Required Information\*

NAME: \_\_\_\_\_

FIRST NAME

LAST NAME

LANGUAGE OF CORRESPONDENCE: ENGLISH  FRENCH:

DATE OF BIRTH (YYYY/MM/DD): \_\_\_\_\_ GENDER IDENTITY: \_\_\_\_\_

NAME OF YOUR ORGANIZATION/SCHOOL: \_\_\_\_\_

WHO REFERRED YOU TO THIS CONFERENCE?

THE STUDENTS COMMISSION  OTHER ORGANIZATION OR PERSON  (PLEASE SPECIFY):

Please write a brief description of yourself and/or why you want to come to this conference:

## Pricing and Conference Fees

I WILL BE PAYING BY: (PLEASE MAKE CHEQUE PAYABLE TO: THE STUDENTS COMMISSION OF CANADA.)

CHEQUE WILL BE SENT IN WITH FORMS  CHEQUE WILL BE SENT SEPARATELY  CANADA HELPS ONLINE

I AM ATTENDING AS A:  YOUTH (12-25 YEARS OLD)  ADULT ALLY

I AM INTERESTED IN BEING A FACILITATOR:  YES  NO

*Please choose your option below\*:*

### OPTION #1: SHARING THE STORIES KNOWLEDGE EXCHANGE (FEBRUARY 28 - MARCH 1, 2017)

All Participants- \$75.00

### OPTION #2: STS KNOWLEDGE EXCHANGE PLUS THE CANADA WE WANT CONFERENCE SERIES (FEBRUARY 28 - MARCH 5, 2017)

Adult Allies- \$500.00

### OPTION #3: THE CANADA WE WANT CONFERENCE (MARCH 1 - 5, 2017)

Adult Ally - Fee \$450.00

Youth - Fee \$250.00

### OPTION #4: CONFERENCE FACILITATORS AND PREP SUPPORT (FEBRUARY 28 - MARCH 5, 2017)

Adult Ally - Fee \$300.00

Youth - Fee \$200.00



## Participant Consent Form

(For youth and adults )

Please provide your signature to A and B:

**A) Consent to Participate:** I give consent for \_\_\_\_\_  
[ name of participant ]

to participate in the Canada We Want Conference, including program research and evaluation.

I understand that participants are responsible for their behaviour at all times. I hereby release The Students Commission, its agents, employees, directors, partners and assigns from any and all damages, liability, or costs resulting from participating in all non-organized activities or Canada We Want Conference-related activities howsoever caused while attending said event.

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature *(Signature of parent or legal guardian if under 18)*

**B) Consent to Emergency Medical Treatment:** I, \_\_\_\_\_,  
[ parent/legal guardian name/ participant name ]

hereby release The Students Commission, its agents, employees, directors, partners and assigns

from any and all damages, liability or costs resulting from the authorizing of any emergency medical treatment that may be required by \_\_\_\_\_.

[ name of participant ]

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature *(Signature of parent or legal guardian if under 18)*

## Expectations for Participants of All Ages

- That all participants have a great time!
- That all participants get an opportunity to contribute.
- That all participants attend every session.
- That all participants - delegates, facilitators and administrators - be treated with respect.
- That all participants understand that their personal conduct will affect others, positively or negatively.
- That the use of alcohol and/or mind-altering drugs by delegates, administrators and facilitators is not acceptable. Get high on life!
- That, for personal and legal protection, any participant who must leave the site, will get permission and leave a contact person's name, phone number and address with the office.
- That all participants will use the buddy system when travelling throughout the week, both on and off site. It's very important to always have a 'buddy' with you for your own safety. Care for all team members!
- That participants wear their name tags where they are visible at all times. It makes it easier to identify new friends and helps identify members of our group for entrance to sessions, administrators and media.
- That we leave the facilities as we found them on arrival.
- That we report all sickness, injury, and concerns to the office and to our facilitators.
- That there be no sexual intimacy.
- That all participants abide by The Students Commission's four pillars: Respect, Listen, Understand and Communicate™.

\* \* \*

I agree to fulfill the above expectations while attending the Students Commission.

Name: \_\_\_\_\_  
[ name of participant ]

Signature: \_\_\_\_\_  
[ signature of participant ]

Date: \_\_\_\_\_

## Release and License – No Fee

### CENTRAL HUB

**The Students Commission  
Toronto Office**  
23 Isabella St., Toronto, ON,  
M4Y 1M7  
Tel: (416) 597-8297  
Fax: (416) 597-0661  
sharif@studentscommission.ca

### ATLANTIC HUB

**NBCC – Miramichi**  
Sarah Gilliss  
80 University Avenue  
Miramichi, NB  
E1N 3W4  
Sarah.Gilliss@nbcc.ca  
Tel.: (506) 788-6741

### WESTERN HUB

**Victoria Office**  
Nish Khanna  
nish@studentscommission.ca  
Tel: (250) 412-4131

### PRAIRIE HUB

**Saskatoon**  
Dave Shanks  
dave@studentscommission.ca  
Tel: (306) 260-3309

### CENTRE of EXCELLENCE FOR YOUTH ENGAGEMENT PARTNERS

**Brock University**  
Dr. Linda Rose-Krasnor,  
Department of Psychology

**SPEG, Queen’s University**  
Dr. John Freeman  
Faculties of Education,

**Wilfrid Laurier University**  
Dr. Mark Pancer  
Department of Psychology

**St. Mary’s University**  
Dr. David Bourgeois,  
Department of Psychology

**University of Victoria**  
Dr. Gordon Miller  
School of Child and Youth Care

**St. Thomas More College**  
Dr. Patricia McDougall  
School of Child and Youth Care

**Regional Multicultural Youth Council**  
Moffat Makudo  
Tel: (807) 622-4666  
manwoyc@tbaytel.net

**YouCan, Dave Farthing**  
c/o St. Paul’s University,  
223 Main St., Ottawa, ON  
K1S 1C5

At our events, youth and staff of The Students Commission take photos, shoot video, and write down what you say because we value your ideas and images. We use these images and words to educate others and to promote the work of youth and The Students Commission. This form, written in legal language, gives The Students Commission the right to use the images and words you produce or photographs/video we take of you, for non-profit purposes. At any time, you can ask that your picture not be taken, or that words you write or speak remain private.

Name: \_\_\_\_\_  
[ name of participant ]

I HEREBY grant to “The Students Commission” and those authorized on its behalf, including its official and non-official partners, the right to photograph, record on film, videotape, audiotape, other audiovisual or written format, my voice, person, or other material produced by me related to the “The Students Commission” Conference and the work of “The Centre of Excellence for Youth Engagement” which “The Students Commission” is leading, and grant also the non-exclusive right, license and privilege under copyright, or other right, or license enjoyed by me, to use, broadcast, cablecast, reproduce, print, publish and distribute the above in any format for educational and promotional purposes, worldwide, in perpetuity.

I warrant and represent that the rights granted herein, and the use thereof will in no way infringe or violate any trade mark patent, trade name, or copyright of any person, and I hereby release “The Students Commission” and its partners from all actions, claims and demands arising from the above grant, except those arising from “The Students Commission’s” negligence; and agree to indemnify and save “The Students Commission” harmless from all claims, costs, charges, damages and expenses arising from the breach of the above warrant.

Signature: \_\_\_\_\_  
[ signature of participant ]

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_



2. CHECK EACH OF THE FOLLOWING CONDITIONS WHICH YOU HAVE HAD OR ARE SUBJECT TO AT THE PRESENT TIME:

CONDITION	PAST	CURRENT	CONDITION	PAST	CURRENT	CONDITION	PAST	CURRENT
Ear infections	___	___	Digestive upset	___	___	Asthma	___	___
Hearing loss	___	___	Dizzy spells	___	___	Headaches	___	___
Fainting spells	___	___	Hay fever	___	___	Nose bleeds	___	___
Convulsions	___	___	Migraines	___	___	Visual loss	___	___

LIST THE MEDICATIONS BEING TAKEN AT THE PRESENT TIME:

ADDITIONAL REMARKS:

**MEDICATION/ALLERGIES:**

1. HAVE YOU HAD A BAD REACTION TO ANY OF THE FOLLOWING AND IF SO, WHEN:

- |   |                    |
|---|--------------------|
| ___ Penicillin                            | ___ Epilepsy       |
| ___ Horse serum (as in tetanus antitoxin) | ___ German Measles |

2. ARE YOU ALLERGIC TO ANY DRUGS, THINGS, FOODS? IF SO, PLEASE LIST:

3. DO YOU HAVE ANY DIETARY RESTRICTIONS? (VEGETARIAN, VEGAN, HALAL...):

**IMMUNIZATIONS: 1. WHAT VACCINATIONS AND IMMUNIZATIONS HAVE YOU HAD?**

TYPE	APPROXIMATE DATE	TYPE	APPROXIMATE DATE
___ Mumps	_____	___ Typhoid	_____
___ Measles	_____	___ Diphtheria	_____
___ German measles	_____	___ Smallpox	_____
___ Rubella	_____	___ Tetanus	_____
___ Whooping cough	_____	___ Polio	_____
___ Influenza / Colds	_____		

GENERAL: IF THERE ARE ANY LIMITATIONS TO THE AMOUNT OR TYPE OF PHYSICAL EXERCISE THAT YOU CAN ENGAGE IN, PLEASE DESCRIBE AND EXPLAIN. ALSO PLEASE DESCRIBE ANY SPECIAL DIET REQUIREMENTS:

**SIGNATURE OF PARTICIPANT :**

**SIGNATURE OF PARENT OR GUARDIAN :**

\_\_\_\_\_

\_\_\_\_\_

**DATE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_