

# ROAMS *Global Studies* APPLICATION FORM

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Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Student E-mail \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell Phone: \_\_\_\_\_/\_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Student cell phone: \_\_\_\_\_  
Day Month Year

Any concerns, special dietary needs, or any requirements that might impact student safety, participation or comfort:

\_\_\_\_\_

Have you participated in a district Outdoor Pursuits program? Yes  No  \_\_\_\_\_ (List)

**Explanation of Inherent Risks**

Activities may include: Being a passenger in a vehicle, Water activities, Canoeing, Rafting, Whitewater Kayaking, Snorkelling, Boating, Swimming, Land Activities, Bushwalking, Camping, Cycling, Experiential Programs: Personal Development through Challenge and Adventure, Orienteering, Rock Climbing and Abseiling: Artificial Climbing Structures, Rock Climbing and Abseiling: Climbing on Natural Surfaces, Ropes Courses and Snow Activities: Skiing, Boarding, Snowshoeing among others.

**PLEASE READ CAREFULLY!** This form must be completed (by the student and his or her parents/guardians), in order to participate in:

Name of Program / Activity \_\_\_\_\_

Name of Student (Print): \_\_\_\_\_

**Student Consent**

I am aware of, and accept, the inherent risks associated with the outdoor and water activities as described on the reverse side of this form and do hereby give consent and agree, as follows:

- ✓ I am participating in this program out of my own free will and agree to follow all reasonable instructions and directions of the staff this Program.
- ✓ I authorize School District 69 (Qualicum) to use any photograph(s) or video taken of me during the program for promotional or educational use.
- ✓ I understand that smoking, vaping, or the possession and/or use of drugs or alcohol, is strictly prohibited during the Program activities, and may lead to immediate expulsion from the program.

\_\_\_\_\_

Student's signature Date

**Parent/Guardian Consent**

Some degree of risk is inherent in the nature of the Program activities, and may occur without fault on the part of the student, school board, its employees, contractors or agents, or the facility where the activity is taking place. By allowing my child to participate in this program, I am agreeing that the activities described on the reverse side of this form are suitable for my child, and that I am aware of, and accept, the inherent risks associated with The Program activities. Parents may request a meeting with program staff (at any time) to discuss the program activities and their inherent risks, do hereby give consent and agree, as follows:

- ✓ I hereby consent that my child may enroll in the Program, and participate in all of its program activities. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.
- ✓ I authorize School District #69 Program staff, physicians, hospital staff, emergency response personnel, dentists, or other health care professionals, to carry out examination and treatment deemed necessary and advisable for the diagnosis and treatment of my son/daughter in the event of accident or illness.
- ✓ I am aware that School District #69 does not provide medical or accident insurance for students enrolled in the Program and I understand that I am responsible for arranging such insurance, or to otherwise cover any evacuation or medical costs.
- ✓ I authorize School District #69 to use any photograph(s) or video taken of my son/daughter during the program for promotional or educational use.
- ✓ I understand that smoking, vaping, or the possession and/or use of drugs or alcohol, is strictly prohibited during the Program activities, and may lead to expulsion from the Program.

The student, and parents or legal guardians must sign this form before any student may participate in the Program (offered by School District #69).

\_\_\_\_\_

Parent Name Parent Signature Date

Please shade in the circle how you would rate your experience level in the following:

	No experience	Have tried before	Have tried many times	Am very experienced / advanced	I have my own equipment or can get
Alpine skiing / Snowboarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mountain biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surfing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rock Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
River Kayak/Raft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What activities interest you in this program? Please describe any interests, special skills or experiences related to outdoor activities ski patrol, first aid, search and rescue, etc

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Why do you want to be a part of ROAMS?

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I enjoy working with others and being a leader. How or why?

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Student Signature

Date

Parent/Guardian Signature