

**FOR CANADIAN PROGRAMMES ONLY**

This form is for youth (those 18 years of age or younger as of the Starting Date identified below) participating in overnight programmes or events. It is to be completed by a parent or legal guardian who is entitled to make these decisions for the participant.

**This form is NOT for use for CISV International programmes whether held in or outside Canada.**

Parents / guardians may drop of and pick up youth participants who are attending locally held programmes or events, or they may arrange for another trusted adult to do so. For overnight programmes farther afield, youth participants under 16 years of age are encouraged to travel to and from the programme or event accompanied by and under the care of an Adult Leader or Chaperone (21 years of age or above) whenever possible.

The Adult Leader / Chaperone (if applicable) or the Participant must carry the signed original to the CISV programme. A scanned copy is to be retained by the participant's home CISV Chapter.

As this form is used for a range of programmes or events (cookie-a-thons, minicamps, NBM, National Camp, CISV Canada Chapter Interchanges, JB / JC Training sessions, etc.), some sections may not apply.

**Signing this form is a condition of participation in the CISV programme or event noted below.**

*"CISV" includes CISV Canada and its Chapters, together with all leaders, staff, volunteers, employees, and members.*

CISV Programme (e.g. cookie-a-thon, minicamp, NBM, National Camp, CISV Canada Chapter Interchanges, JB / JC Training session etc.)		Starting Date & Time*	
Host Chapter (or CISV Canada)		Ending Date & Time*	

\* As and when applicable, Starting and Ending Dates and times are to include travel time to and from the programme while the child is under the care of an Adult Leader / Chaperone.

Participant Name		Preferred Name	
Email Address		Date of Birth (dd/mm/yy)	
Gender			

Are you a member of CISV? (Y/N)		Chapter		Add to chapter email list? (Y/N)	
If not, have you attended other CISV activities this year?					

Parent or Legal Guardian (Full Name) (person completing and signing this form)			
Number & Street			
City & Province		Postal Code	

Home Telephone			
Cell Number		Email Address	
Emergency Contact (Full Name) <i>during the activity (other than the parent/guardian identified above):</i>			
Home Telephone			
Cell Number		Email Address	

### Part 1: Travel Authorization

*For non-local programmes or events, youth participants under 16 years of age are encouraged to travel to and from the programme or event accompanied by and under the care of an Adult Leader or Chaperone (21 years of age or above) whenever possible.*

*Please check one of the following:*

A)	<input type="checkbox"/>	For Participant to travel with a designated Adult Leader / Chaperone
I give permission for my child to travel to and from the CISV Activity with the Adult Leader / Chaperone designated below.		
Name of Adult Leader / Chaperone		
Adult Leader's / Chaperone's Cell Number		

B)	<input type="checkbox"/>	For Participant to travel without a designated Adult Leader / Chaperone
I give permission for my child to travel alone to and from the CISV programme or event.		

C)	<input type="checkbox"/>	Not Applicable (e.g. for locally held programmes or events)
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Other adults authorized to pick up your child:	
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*NOTE: Youth will ONLY be released to the parent/guardian or those named above.*

### Part 2: Appointment of Temporary Guardian and Health & Consent for Medical Treatment

- A. In cases where an Adult Leader / Chaperone has been named in Part 1 A) of this form above, I hereby appoint this person as Temporary Guardian of the Participant. The purpose of this appointment is to consent to medical treatment on behalf of my child and provide prescribed medication. If the adult leader / chaperone is not available, and prompt medical attention is needed, I also appoint CISV personnel (programme or event staff or host family) to consent to medical treatment on behalf of my child if emergency care is required. This appointment is valid for the period of the programme (as above) including travel to and from the programme.

- B. In cases where an Adult Leader / Chaperone has not been named in Part 1 A) of this form above, I hereby appoint CISV personnel (programme or event staff of host family) to consent to medical treatment on behalf of my child if emergency care is required.

### Part 3: Legal Release & Responsibility to Pay for Damage

I understand the nature of the CISV Programme noted above and consider my child to be capable of taking part in it. I understand my child will be participating in activities and discussions that may include, but are not limited to topics of racism, equality, human rights, gender discrimination, and social justice. These activities are facilitated without bias but may be emotionally intense.

I agree not to make a claim or file a lawsuit against CISV if my child is injured while travelling to / from and participating in this CISV Programme, *unless there has been gross negligence on the part of CISV.*

I understand that CISV is not responsible for the behaviour of CISV staff or volunteers outside of their CISV roles, though you should always report any concerns you have.

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules. If my child engages in inappropriate behaviour she/he/they *may* be sent home before the end of the Programme at CISV's discretion. **I agree to collect my child from camp or to have my child sent home, at CISV's discretion by method deemed appropriate by CISV, and to be responsible for costs associated with such trip.**

I also agree to pay for any damage or injury caused by my child.

And you acknowledge that if you, or your child, choose to continue contact with a CISV leader, chaperone, staff or volunteer your child or you have met through CISV, this is outside the scope of CISV's activities and is entirely your own responsibility.

### Part 4: Health / Dietary & Other Pertinent Information

Note: If the programme is *more than seven nights* in length, I understand I must provide a properly completed CISV International Health Form (HF). The HF is to be completed by the Parent or Legal Guardian of the Participant; completion by a physician is not required.

Name of Province & Health Card Number	
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Health Information (provide specific information: medication dosage and administration; allergies & severity; etc.)

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Dietary Information (Vegetarian? Celiac? Please include allergies or strict limitations only, not *preferences*)

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Other information that you would like to share with the organizers/leaders/staff in order to ensure a positive experience

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Note: All information will be taken into consideration however, due to site or other constraints certain accommodations may not be possible. Organizers will discuss with Participant.

### Part 5: Membership

I understand that as part of participation in the above Programme, the Participant is an Individual Activity Member in CISV Canada. I agree that CISV will keep a record of the Participant's name and contact details, and will use this information for internal administration of membership and participation and may contact the Participant.

### Part 6: Permission to Use of Images and Art or Written Work

I agree that CISV may use and publish photographs, artwork, and written work created as well as video and audiotape created as part of participation in the CISV Programme, which may include my child. CISV may use these items in the production of educational or promotional materials including web pages and social media pages (e.g. blogs, Instagram, Facebook). These items may be used and published with the participant's first name (or nickname), age and nationality. Unless additional parental consent is obtained, participants will not be identified by full name. NOTE: Although CISV has a Social Media Policy, CISV cannot control uploads by participants to sites such as YouTube, Facebook, & Twitter.

### Part 7: Permission to Swim

If programme is to include swimming and / or other water activities, please complete the following:

I give my child permission to participate in swimming and other water activities. My child's swimming ability:							
Swimming Ability ( <i>check one</i> )		None		Basic		Good	

I do not grant permission for my child to participate in swimming and other water activities.
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### Part 8: Signatures

**I have signed this legal document on the date stated immediately below to indicate that I understand, accept and agree to all parts of the above. I also confirm that I have the appropriate legal right and responsibility to make these decisions on behalf of the participant.**

Signature of Parent or Legal Guardian		
		<i>dd / mm / yy</i>

Part 9: National Junior Branch Code of Conduct for all PARTICIPANTS:

I, \_\_\_\_\_ have read and understand each of the following statements (please check):

- I have read, understand, and agree to respect and abide by CISV International's Info File R-07 Positive Behaviour Policy.
- I understand that drugs (including non-prescription drugs and alcohol), weapons, violent or crude behaviour or language, and sexual activity are STRICTLY prohibited at CISV activities.
- Only people who are assigned to my room/cabin/house will sleep there. In addition, I will respect and follow any additional rules set for the given programme or event in relation to visitors being in my room.
- I will abide by the curfew set for nighttime activities (if applicable). This means I will be in my designated sleeping area by the established time with no questions asked.
- I will exhibit respectful and reasonably quiet behavior in all areas of the site including bedrooms, hallways, elevators, public areas, and meeting rooms. In addition, I will show respect towards all hotel/site employees, and any CISV leaders, chaperones and other volunteer staff.
- If I wish to leave the site for any reason, I understand that I must go with and/or get the permission of the adult identified at the start of the programme or event for such purposes (this may be the designated Adult Leader / Chaperone or a staff person). I understand that it is important that the identified adult know where I am at all times.
- I will be on time to, attend, and fully participate in all activities throughout the entire programme or event.
- I will abide by any additional rules. If I break the rules I will be subject to disciplinary action, including but not limited to: having my participation limited in future CISV activities; and being sent home at my family's expense by the method deemed appropriate by CISV. I also understand my family will have to pay for any damages that I cause.

Signature of Participant		
		<i>Day / Month / Year</i>