



# SUMMER LEADER-IN-TRAINING PROGRAM

July/August 2022

REGISTRATION PACKAGE



## Summer Leader-in-Training 2022 Participant Registration Forms

### REGISTRATION CHECKLIST, PACKAGE & ENROLLMENT POLICIES

#### REGISTRATION CHECK LIST

When coming in to register for the Summer Leader-in-Training Program, please ensure you have brought the following:

1. Completed Registration Package; including emergency contacts, all required signatures, etc.
2. Completed Medical Authorization form
3. Payment for Dates Required
4. Signed Enrollment Policies
5. Completed Emergency Form

The above information and documentation is required before registration can occur. Without this information, registration packages will be returned and spots will not be guaranteed.



**SUMMER LEADER-IN-TRAINING REGISTRATION PACKAGE 2022**

Please Check Appropriate Leadership Program

- Level 1
- Level 2
- Level 3
- CIT

Registrations are to be submitted in person between the hours of 3pm-6pm or online to [bgckids@bgcbrant.ca](mailto:bgckids@bgcbrant.ca)  
at 2 Edge Street (Monday – Friday)

Leader's LAST NAME	Leader's FIRST NAME	Age	Birth Date (DD/MM/YYYY)

Leader's Address	Postal Code	Phone Number

Email Address:

Emergency Contact Person	Relationship	Phone Number(s)
1)	Mother/Guardian	H: W: Work Name:
2)	Father/Guardian	H: W: Work Name:
3)		H: W: Work Name:



4)		H: W: Work Name:
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**AUTHORIZED INDIVIDUAL(S) TO PICK UP MY CHILD/REN FROM THE PROGRAM**

Name	Relationship	Phone Number
1)	Mother/Guardian	H: W:
2)	Father/Guardian	H: W:
3)	Emergency Contact Person	H: W:
4)	Emergency Contact Person	H: W:
5)		H: W:

Please inform the listed individuals that if they have not attended the program in the past and the staff does not recognize them, they will be asked for identification for verification purposes. If you require someone other than an individual listed to pick up your child on any given day, we require written authorization, including a physical description of the person, name and phone number, before your child will be released into their care. Please ensure the letter is signed and dated by yourself.

Who has legal custody?

Both Parents  Mother  Father  Guardian

If sole or joint custody arrangements are in place, photocopies of the court orders and conditions attached to the orders must be included with these forms.

**MEDICAL INFORMATION**

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Doctor's Name	Address	Phone

**MEDICATIONS/ALLERGIES INFORMATION**

Youth's Name	Allergies/Reaction	Medications

All medications must be brought to the program in the container in which they were prescribed. Medication will be administered only as directed on the label and only to the youth named on the label. A medication authorization form must be completed and signed.

An older youth, with written authorization may be permitted to administer their own medication, however the medication must be stored with the agency and taken under the supervision of a Club personnel.

It is important to us that your youth have the best possible experience at the Boys and Girls Club Leader in Training program. Any suggestions that would assist our staff in working with your youth more positively and effectively are very useful and helpful.

**Indicate if youth has experiences or has experienced any of the following;**

Medical (ie Vision, Hearing, Seizures, Diabetes, Mobility)  YES  NO  
 If yes; indicate medical details \_\_\_\_\_

Currently taking medication?  YES  NO  
 Will medication be taken at camp?  YES  NO

\*If medication is being taken at camp, please fill out medication authorization form  
 Developmental/Learning (ADD, ADHD, Autism, Delays etc)  YES  NO  
 If yes; indicate details; \_\_\_\_\_

Does your child(ren) require additional assistance? (camp maintains a ratio of 1:15 per camper group)  YES  NO

If yes; please indicate if there is anything, we should know concerning school, relationships, abilities etc  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
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Summer Leader-in-Training Program 2022

**EMERGENCY INFORMATION FORM**

\* This form is taken with staff on all out trip excursions \*

Leader's LAST NAME	Leader's FIRST NAME	Age	Birth Date (DD/MM/YYYY)
1)			
2)			

Leader's Address	Postal Code	Phone Number

Emergency Contact Person	Relationship	Phone Number(s)
1)	Mother/Guardian	H: W:
2)	Father/Guardian	H: W:
3)		H: W:
4)		H: W:

Child's Name	Allergies/Reaction	Medications
1)		
2)		
3)		

I understand that my child/ren will be treated by a physician, hospital staff member or Boys and Girls Club employee will administer First Aid/CPR should there be an accident, sudden illness or emergency.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



Summer Leader-in-Training Program 2022  
**MEDICATION AUTHORIZATION FORM**

This form **MUST** be filled out should you require summer day camp staff to administer medications to your youth.

Only medications which have been prescribed by a physician will be administered.

**ALL MEDICATIONS MUST BE BROUGHT TO THE CENTRE IN THE CONTAINER IN WHICH THEY WERE PRESCRIBED. MEDICATION WILL BE ADMINISTERED ONLY AS DIRECTED ON THE LABEL AND ONLY TO THE YOUTH NAMED ON THE LABEL.**

I hereby give permission for a Boys and Girls Club staff member to administer or supervise the administration of the following medication(s) to my youth.

Youth's Name	Medication	Dosage	Administering Time(s)
1)			
2)			
3)			

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\* \* \*

**Record of Medication Administering**

Date	Youth's Name	Time	Dosage	Staff Signature



## WEST NILE VIRUS

Human illness from West Nile virus is rare, even in areas where the virus has been reported. In accordance with Health Canada, The Pest Management Regulatory Agency, The Centre for Disease Control and the Ontario Ministry of Health, the Boys and Girls Club of Brantford takes this health situation seriously. The Club understands the public's concern over West Nile Virus. The Club's policy has been put into place to help minimize the risk of exposure to a mosquito bite.

### Policy

To make reasonable efforts to minimize the risk of exposure to a mosquito bite to staff and participants in our care.

### Supply and Application of Insect Repellent

- It is the responsibility of the parent/guardian to supply their child with an insect repellent. The insect repellent container must be labelled with the youth's full name
- Club staff will only supervise the application of Insect Repellent to all participants before all outdoor exposure

### Application of Insect Repellent

Insect repellent is to be applied before outdoor exposure and after sun screen application. Repeated applications must be based on the instructions written on the label.

- Club staff **WILL SUPERVISE** the application of Insect Repellent
- Participants are discouraged from applying repellent to their hands or face to reduce the change of getting repellent in their eyes or mouth
- Insect Repellent should not be applied directly to skin. It should be applied to their hands and then sparingly on exposed skin
- Insect Repellent should not to be used on open wounds, if the skin is irritated or sun burnt
- Application will occur in a well-ventilated area and not near food
- Application should be sparingly and only on exposed skin surfaces or on top of clothing
- Upon returning from the outdoors participants will wash hands and all treated skin area with soap and water

I, being the parent/guardian of \_\_\_\_\_, understand the Boys and Girls Club of Brantford's Policies and Procedures for West Nile Virus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





Summer Leader-in-Training Program 2022  
SUN EXPOSURE

Sun safety is important whether you're at home, on vacation or at summer day camp. The Club's policy has been put into place to help minimize the risk of exposure to harmful effects from the sun.

**Policy**

To make reasonable efforts to minimize the risk of exposure to harmful UVA and UVB rays from the sun to staff and participants in our care.

**Supply and Application of Sunscreen**

- It is the responsibility of the parent/guardian to supply sunscreen. The sunscreen container must be labelled with the youth's full name
- Club staff will only supervise the application of sunscreen to all participants before all outdoor exposure

**Application of Sunscreen**

Sunscreen is to be applied before outdoor exposure. Repeated applications must be based on the instructions written on the label.

- Club staff **WILL SUPERVISE** the application of Sunscreen
- Upon returning from the outdoors participants will wash hands and all treated skin area with soap and water

**Additional Information**

All LIT participants are encouraged to wear hats and sunglasses during outdoor activities.

I, being the parent/guardian of \_\_\_\_\_, understand the Boys and Girls Club of Brantford's Policies and Procedures for Sun Exposure.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Summer Leader-in-Training Program 2022  
**EMERGENCY RESPONSE PLAN**  
 (ONLY for those participants with life-threatening allergies)

<b>PARTICIPANT INFORMATION</b> (To be completed by Parent/Guardian)	
Name of Participant:	
Address:	
Home Phone #	Date of Birth
Name of Father	Business #
Name of Mother	Business #
Emergency Contact	Phone #
PARTICIPANT PHOTO REQUIRED	
<b>PHYSICIAN INFORMATION</b> (to be completed by Family Physician)	
Allergy Description: The above named child has a dangerous, life-threatening allergy to the following: * foods _____ * and all foods containing them in any form in any amount, including the following kinds of items: _____ * bee/insect stings * medications _____ * latex * vigorous exercise	
Symptoms of Reaction:	
EMERGENCY RESPONSE PLAN	
-2-	



Recommended Response to Reaction:	
Medication:	Dosage:
Additional Instructions or Information:	
Name of Physician:	Telephone:
Signature of Physician:	Date:



Boys & Girls Club of Brantford  
Leader in Training Summer Camp

### PERMISSION TO LEAVE PROGRAM FORM – 2022

*This form is to be filled out if your youth will be leaving the Boys and Girls Club Program Leader in Training program to walk home unescorted.*

Youth name(s):

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Program Attending:

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I, (name of parent/guardian)

\_\_\_\_\_ give \_\_\_\_\_ (youth name)

permission for the above-named youth to leave the Leaders in Training Program and walk home unescorted. My youth has my permission to leave the program property at \_\_\_\_\_ p.m. I release the Boys and Girls Club of any responsibility once my youth has been signed out of the program by one of the Clubs leaders.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Summer Leader-in-Training Program 2022  
Enrolment Policies

1. I am aware that the program is not responsible for lost items or belongings and the program recommends that my youth leave valuable items at home including electronics
- 2.
3. I am aware that personal electronics are strongly discouraged due to program philosophy/ goals and potential theft. If personal electronics are brought to program, camp leaders have the right to confiscate electronics if they are being used in a negative matter or disrupting program. Electronics will be returned at the end of the day to the parent/guardian
4. I am aware that during the program I am responsible to provide a lunch which includes snack for the morning. Snack and lunch will not require refrigeration
5. I am aware that registration is on a first come, first served basis and that registration can only be secured when payment and completed registration forms have been received
6. I am aware that all fee's are to be paid according to the payment schedule and/or at time of registration.
7. I am aware that a \$30.00 NSF fee will be applied for cheques which have been returned due to insufficient funds. I am also aware that the agency has the right to insist on payment in cash for services to be provided at any time due to negative history regarding payment.
8. I am aware that the receipt issued at the time of registration is my tax receipt. I am aware if I require replacement receipts due to loss, etc., I will be charged \$20.00 PER REQUIRED RECEIPT
9. I am aware that there will be no refunds for days missed
10. I am aware that it is my responsibility to ensure the program is notified BEFORE 8:30am should the youth not be able to attend the program
11. I am aware of the Termination of Services policy
12. I am aware that if there are sole or joint custody arrangements for my youth I will provide all the necessary information and documentation to Club personnel. I am aware without any proof or documentation the agency and/or police cannot stop a parent from taking a minor.
13. I am aware that is my responsibility to ensure that all information regarding my youth is provided in the registration package (ie support agencies, diagnosis, medications etc). Failure to provide this information could result in termination of services





uses of the above.

- I Accept
- I Decline

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

20. I authorize the Boys & Girls Club to include in their stakeholders database my name, address, email address and telephone number, and I am fully aware that this database is used to inform individuals of upcoming initiatives and events of the agency, distribution of Club or program information, solicit potential donors as part of an annual giving campaign and/or solicit funds as part of other funding development opportunities the agency may design/develop.

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

21. I acknowledge that the Boys and Girls Club of Brantford utilizes a video surveillance system as a means by which to deter and/or prevent theft and vandalism (exception being private areas such as washrooms, showers and dressing rooms), and that while on the Boys & Girls Club property (2 Edge Street, Brantford), and accessing/utilizing the facility, I and/or my children or those in my company may be under video surveillance monitoring at any time.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

22. I acknowledge that the Boys and Girls Club of Brantford has a Rock-Climbing Wall and have included the required waiver form acknowledging risk and authorizing my youth to participate in this activity.

YES \_\_\_\_\_ NO \_\_\_\_\_ my youth is authorized to participate in any Rock-Climbing Wall activities

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

I do hereby represent that all statements and information made on all required enrolment forms are correct.



I have read, understand and agree to abide by all of the enrolment policies as stated.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

23. I am aware that it is my responsibility to complete payment by the payment deadlines below. I am aware that if payment is not made by the payment deadline, then my child(ren)'s camp spot will become available to another participant.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PAYMENT SCHEDULE 2022**

CAMP WEEKS & DATES	PAYMENT DUE DATE
Week 1 & Week 2 July 4 <sup>th</sup> – July 15 <sup>th</sup>	May 20 <sup>th</sup> 2022
Week 3 & Week 4 July 18 <sup>th</sup> – July 29 <sup>th</sup>	June 3 <sup>rd</sup> 2022
Week 5 & Week 6 August 2 <sup>nd</sup> – August 12 <sup>th</sup>	June 17 <sup>th</sup> 2022
Week 7 & Week 8 & Week 9 August 15 <sup>th</sup> – September 2 <sup>nd</sup>	July 8 <sup>th</sup> 2022

**FEES**

Fees for the Summer Leadership Program are as follows:

\$235 per session (2 weeks) for LIT 1 & LIT 2

\$110 per summer (4 weeks) for LIT 3





The Boys & Girls Club of Brantford provides a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life.

### CHILD/YOUTH - ROCK CLIMBING WALL

#### ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

CHILDS'S NAME(S): \_\_\_\_\_ (the "Child") CHILD'S AGE(S): \_\_\_\_\_

ACTIVITY: Climbing Wall (the "Activities")

To: THE BOYS AND GIRLS CLUB OF BRANTFORD (the "Club")

#### PLEASE READ CAREFULLY

I am not aware of any health or medical conditions the Child may have that would suggest to me that the Child should not be a participant in the Activities operated or provided by the Club. I have not been advised that the Child should not participate by a qualified health care provider, or otherwise.

I understand that there are risks of harm, serious injury or death to the Child associated or related to the Child's participation in the Activity in which I have requested the Child be permitted to participate, including, but not limited to, the indoor rock climbing and the Club's gym facilities, which risks include but are not limited to: falling, mechanical failure of the equipment; collisions with other equipment or structures, persons, walls, the floor, the climbing holds, or exposed or hidden structural supports or beams; rope abrasion; injuries resulting from falling climbers or fallen items; failure of equipment or any part of the climbing wall; the proximity of medical care which may or may not be readily available; the failure to act safely or misuse of the equipment; negligence of other climbers and or other persons. I understand that this form shall bind me and apply to the Activity.

In consideration of the Child being permitted to participate in the Activity, on behalf of both the Child and myself (including my trustees, administrators, heirs, next of kin, successors and assigns), **I AGREE TO WAIVE ANY AND ALL CLAIMS** that I or the Child have or may have in the future against the Club, and its members, directors, officers, employees, agents, representatives, independent contractors, subcontractors, sponsors, successors, representatives and assigns (collectively, the "Releasees") and to release the Releasees from any and all liability for any loss, damage, expense or injury including death that the Child may sustain howsoever caused or arising from, or related to, directly or indirectly, disability, personal injury, property damage or property theft, and any other claims for damages that the Child or I may have now or in the future related directly or indirectly to the Child's participation in the Activities. **I AGREE TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FROM ALL AND ALL LIABILITY** for any damage to the property of, or personal injury to, or any third party resulting from the Child's participation in the Activities and the use of the Facilities.

I understand that this form will be used against me in any proceeding in which I make any claim of any kind against the Releasees, on my own or on behalf of, or as a representative of, the Child.

I represent and warrant that I am the parent, natural guardian and/or legal guardian of the Child, who is a minor, and who is also seeking permission to participate in the Activities at my request and in such a capacity on my behalf and on the behalf of the minor participant, the Child, I irrevocably agree to the terms and conditions set out above.

I acknowledge that I have been advised to seek independent legal advice, despite being advised, I voluntarily elect to sign this form.

**I HAVE CAREFULLY READ THE ENTIRE AGREEMENT AND FULLY UNDERSTAND IT. I AM AWARE THAT BY SIGNING THE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AND AM SIGNING ON MY OWN FREE WILL.**

Parent / Guardian's signature \_\_\_\_\_

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

## Leader in Training Registration

### LIT 1 & 2 – MUST CHOOSE ONE (1) SESSION PER LEVEL

LIT 1 : July 4 <sup>th</sup> – July 15 <sup>th</sup>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

LIT 1: July 18 <sup>th</sup> – July 29 <sup>th</sup>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

LIT 2 : August 2 <sup>nd</sup> – August 12 <sup>th</sup>	
Monday	<b>CLOSED – AUGUST 1<sup>st</sup></b>
Tuesday	
Wednesday	
Thursday	
Friday	

LIT 2 : August 15 <sup>th</sup> – August 26 <sup>th</sup>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

### LIT 3 – MUST CHOOSE TWO (2) SESSIONS TO ATTEND

LIT 3 : July 4 <sup>th</sup> – July 15 <sup>th</sup>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

LIT 3: July 18 <sup>th</sup> – July 29 <sup>th</sup>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

LIT 3 : August 2 <sup>nd</sup> – August 12 <sup>th</sup>	
Monday	<b>CLOSED – AUGUST 1<sup>st</sup></b>
Tuesday	
Wednesday	
Thursday	
Friday	

LIT 3 : August 15 <sup>th</sup> – August 26 <sup>th</sup>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	