



Participant's Consent and Contract

Use blue or black ink, print, and complete all sections. Incomplete forms will not be accepted. Make sure all information is correct. Purposely giving false information may lead to your being dismissed from the program.

Personal information

Use full legal name as it appears on your official identification

First name _____ Last name _____

Date of birth (eg. Jan. 14, 1997) _____ Age _____ Male _____ Female _____

Mailing address _____

City _____ Province _____

Postal code _____ Home phone (____) _____

Parent or guardian

First Name _____ Last Name _____

Phone Work (____) _____ or Cell (____) _____

Parent or guardian

First Name _____ Last Name _____

Phone Work (____) _____ or Cell (____) _____

In case parent or guardian cannot be reached, please provide two other emergency contacts.

First Name _____ Last Name _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

First Name _____ Last Name _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

YMCA Commitment to Privacy

The YMCA Youth Exchanges Canada Program is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a YMCA program in order to meet your service needs, to ensure the safety of participants, for statistical and research purposes, to

inform you about the YMCA program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other YMCA programs and services and opportunities that may interest and benefit you. For more information on our commitment to privacy, please visit www.ymca-toronto.org.

Declaration

I, (youth participant) _____, warrant that all information described above is, to the best of my knowledge, correct. I hereby consent to and authorize the release and disclosure of that information to representatives of the Government of Canada department that funds the YMCA Youth Exchanges Canada Program for the specific statistical and related purposes of the program.

Youth's signature

Date

Parent's or guardian's signature

Date

Confidentiality Statement

The YMCA is committed to respect of the individual, which includes the maintenance of participant confidentiality. However, the confidentiality of the YMCA-participant relationship is not absolute. There are circumstances that limit confidentiality. In these circumstances, it is the YMCA's duty to disclose participant information throughout the course of their relationship. There are four different ways in which such a duty may arise:

1. The requirements to disclose information through a subpoena or search warrant or other requirements by law.

2. The participant states that he or she will not harm him or herself or someone else.
3. The participant gives written and verbal consent to the release of specific information, which has been clearly documented on a YMCA "Consent to Release Confidential Information" form.
4. The participant discloses information, previously unreported, regarding the abuse of a child under the age of 16.

All YMCA program participants are to be informed of their rights to confidentiality as described above.

Participant's Contract

To take part in YMCA Youth Exchanges Canada, all participants, youth and adults, must show that they understand their responsibilities within the exchange and must show mature and responsible behaviour at all times. You and your parent or guardian are asked to sign this form to say that you accept the following conditions as well as agree to respect the guidelines set by your group leader.

The YMCA is a shared experience for everyone to enjoy. Each of us can make it better for all by being considerate to others. YMCA participants, staff, guests and volunteers pledge to treat one another with respect and dignity. The YMCA reserves the right to suspend program access for inappropriate behaviour.

You both agree that intentional behaviour that puts you or others at physical or emotional risk will result in immediate dismissal from the program, at the discretion of the group leader. You both agree that the participant's parent or guardian will be responsible for expenses incurred as a result of dismissal.

Possession or use of alcoholic beverages or illegal drugs will not be tolerated. Participants will attend all organized group activities and may not leave the site of any activity without the permission of the group organizer. Vandalism will not be tolerated. Non-participatory or anti-social behaviour not in keeping with the spirit of this exchange is unacceptable.

You are both aware and understand that as a condition of being allowed to participate in YMCA Youth Exchanges Canada, you both warrant that the participant is not suffering from any contagious illness and is in a condition, mentally and physically, to be able to participate in the exchange. You both also warrant that the participant will not consume any substances that would impair the participant's senses at any time during the program. You both agree that the participant's possession or consumption of alcohol or illegal or harmful substances will result in immediate dismissal.

You both agree that in the event of emergency medi-

cal attention or evacuation, you will not hold YMCA Youth Exchanges Canada responsible for any costs resulting from the situation.

You both agree that YMCA Youth Exchanges Canada is not responsible for any bodily injury, loss or damage to personal property suffered by the participant before, during or after the exchange, unless such injury, loss or damage is the direct and sole result of proven negligence on the part of the YMCA.

By participating in a YMCA program, you agree that you are participating voluntarily and do so at your own risk. You agree to fully release the YMCA of Greater Toronto and its officers, directors, agents, staff, and volunteers from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of your participation in YMCA programs.

This YMCA program is funded fully or in part by the Government of Canada, and therefore is subject to government approval and conditions which may be varied from time to time. Participation in this program is non-transferable. Should funding cease, the YMCA shall whenever possible refer participants to a government representative for more information or to other service providers in the community.

Since funding for the program has been provided by the government, the YMCA is required to collect, on behalf of the government, information that assists government to measure results, to evaluate the success of the program, and to meet government obligation of accountability. The information collected on behalf of the government is protected under Canada's *Privacy Act* or applicable provincial or municipi-

pal privacy law. Participants may request access to information under the applicable privacy law or obtain more information about their privacy rights by visiting the applicable government website.

In addition to information collected on behalf of the government as required, the YMCA may be involved in other research projects. To provide the highest standard of program quality, participants may be requested to participate in research by completing a questionnaire either before, during and or after the exchange has taken place. All information such collected will comply with Canada's *Privacy Act* or applicable provincial or municipal privacy law.

You are both aware that if the participant fails to go on the exchange without sufficient cause (one the YMCA reviews and approves), you will be accountable to the group for the funds spent.

You both agree that the participant has permission to engage in all activities, except as noted. Permission is hereby given (1) to provide ongoing health care, (2) to select an emergency unit, and (3) to order x-rays or routine test or treatment as required.

If you cannot be reached in an emergency, you both hereby give permission to the emergency unit selected by the group leader to hospitalize, secure proper treatment for, and order injection, anesthesia, and surgery.

You both authorize the YMCA to have and use photographs, slides or videotapes of the persons named on this application as may be needed for its public relations programs.

Signature of youth participant

Date

I am fully aware of all conditions of participation and I support the application my child has made to take part in YMCA Youth Exchanges Canada.

Signature of parent or guardian

Date

Return original completed form to:
TWO WHEEL VIEW
#321, 223 - 12th Ave SW
Calgary, AB T2R 0G9
fax: (501) 638-3986
scan/email: rick.mcferrin@twowheelview.org