



J. Addison School

Youth Leadership Training Program 2019

For Ages 14 to 20

REGISTRATION WILL NOT BE ACCEPTED UNLESS THIS FORM HAS BEEN COMPLETED ENTIRELY

APPLICANT INFORMATION				
GIVEN NAME		SURNAME		
MIDDLE NAME (IF APPLICABLE)	DATE OF BIRTH	AGE	AGE BY SEPTEMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE COUNTRY
HOME PHONE NUMBER	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDY PERMIT <input type="checkbox"/> TRAVEL VISA <input type="checkbox"/> OTHER _____			
CURRENT SCHOOL ATTENDING		GRADE COMPLETED BY JUNE		COUNTRY
SCHOOL ADDRESS		CITY	PROVINCE	POSTAL CODE

FAMILY INFORMATION - PARENT/GUARDIAN 1 (IF APPLICANT IS UNDER 18 YEARS OF AGE)		
GIVEN NAME		SURNAME
RELATION TO APPLICANT	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	
AUTHORIZATION TO PICK UP THE APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDES WITH APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT PRIORITY (IF APPLICABLE) <input type="checkbox"/> 1 <input type="checkbox"/> 2

FAMILY INFORMATION - PARENT/GUARDIAN 2 (IF APPLICABLE)		
GIVEN NAME		SURNAME
RELATION TO APPLICANT	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	
AUTHORIZATION TO PICK UP THE APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDES WITH APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT PRIORITY (IF APPLICABLE) <input type="checkbox"/> 1 <input type="checkbox"/> 2

EMERGENCY CONTACT INFORMATION		
GIVEN NAME		SURNAME
RELATION TO APPLICANT	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	
AUTHORIZATION TO PICK UP THE APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDES WITH APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS WORK/VOLUNTEER EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF COMPANY/ORGANIZATION	DATE/PERIOD OF EMPLOYMENT	POSITION/JOB TITLE
NAME OF COMPANY/ORGANIZATION	DATE/PERIOD OF EMPLOYMENT	POSITION/JOB TITLE

WHAT SUMMER POSITION ARE YOU INTERESTED IN?	
SUMMER VOLUNTEER POSITION <input type="checkbox"/> Yes <input type="checkbox"/> No	SUMMER TEACHING ASSISTANT POSITION <input type="checkbox"/> Yes <input type="checkbox"/> No



J. Addison School

MEDICAL INFORMATION

HEALTH CARD NUMBER	FAMILY DOCTOR	DOCTOR'S PHONE NUMBER	ARE IMMUNIZATIONS UP-TO-DATE <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE THERE ANY BEHAVIORAL ISSUES/SPECIALS NEEDS THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE PROVIDE DETAILS (WE RESERVE THE RIGHT TO DENY ENTRY TO PROGRAM SHOULD THE APPLICANT REQUIRE ACCOMMODATIONS THAT THE SCHOOL CANNOT PROVIDE WHICH WOULD AFFECT THEIR SAFETY)			
PLEASE REVIEW THE LIST AND CHECKMARK ANY CONDITIONS THAT APPLY TO THE APPLICANT			
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ECZEMA	<input type="checkbox"/> EPILEPSY
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> HAY FEVER	<input type="checkbox"/> FREQUENT NOSEBLEEDS
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> SKIN PROBLEMS	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> HEPATITIS
<input type="checkbox"/> ADHD			<input type="checkbox"/> HEARING PROBLEMS
<input type="checkbox"/> OTHER CONDITIONS (PLEASE SPECIFY):			<input type="checkbox"/> VISION PROBLEMS
ARE THERE ANY ALLERGIES OR FOOD ALLERGIES THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			EPI PIN REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LIST ALL ALLERGIES/FOOD ALLERGIES			

DIETARY/FOOD RESTRICTIONS *PLEASE NOTE THAT FOR EXTREME DIETARY FOOD CONDITIONS, MEAL PLAN IS NOT AVAILABLE

ARE THERE ANY FOODS THE APPLICANT SHOULD NOT EAT FOR MEDICAL, DIETARY, OR RELIGIOUS REASONS THAT SHOULD BE DISCLOSED TO THE PROGRAM? IF YES PLEASE LIST ANY FOODS THE APPLICANT SHOULD NOT EAT: ☐ Yes ☐ No

MEDICATIONS (IF APPLICANT IS UNDER 18 YEARS OF AGE)

PLEASE LIST ALL MEDICATIONS TAKEN ROUTINELY (INCLUDING OVER-THE COUNTER AND PRESCRIPTION PRODUCTS AND WHETHER TAKEN BY MOUTH, ON SKIN, IN EYES, ETC.).	
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE

MEDICATION NOT INDICATED ON THIS FORM THAT PARENTS WOULD LIKE J. ADDISON STAFF TO ADMINISTER TO THEIR CHILD MUST BE SEPARATELY AUTHORIZED IN WRITING WITH DETAILS PERTAINING TO INSTRUCTIONS, DOSAGE AND TIMES (FORM A-5).

***PLEASE BE ADVISED THAT FAILURE TO DISCLOSE OR PROVIDING FALSE MEDICAL INFORMATION REGARDING MEDICAL CONDITIONS OR PRESCRIPTION MEDICATIONS MAY RESULT IN WITHDRAWAL FROM OUR SCHOOL PROGRAMS, AND THE APPLICANT WILL BE RETURNED HOME TO BE IN THE CARE OF THEIR PARENTS.**

MEDICAL WAIVER

I understand that in the event of an accident or illness occurring to the participant, J. Addison School will make every attempt to contact the provided emergency contact. If however, the emergency contact cannot be reached, I hereby give J. Addison School authority to act on my behalf to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact the participant's physician
2. Attempt to contact the emergency contact
3. Call another physician
4. Call an ambulance
5. Have the participant taken to the emergency department of a hospital, in the company of a staff member of J. Addison School

Any expenses incurred relating to the circumstances listed above will be the responsibility of the participant or their family.

I hereby grant permission for the on call school physician, principal, or headmaster of J. Addison School to sign operative and anesthesia permits for the student applicant as thought necessary by a physician or surgeon. I authorize first aid measures by the best qualified person on hand at the time of any emergency. I hereby waive any claims against anyone administering first aid. I understand the school will make all possible efforts to reach me prior to any treatment or surgery.

CODE OF BEHAVIOUR

1. Participants must be respectful to the program supervisors and their peers at all times.
2. Participants must be respectful of school materials and the facility.
3. No verbal or physical harassment will be accepted under any circumstances.
4. Participants should bring energy and a positive attitude each day they participate in our program.



J. Addison School

PERMISSION TO PARTICIPATE IN SCHOOL TRIPS

I give permission for the applicant to take part in scheduled out-of-school events and activities.

MEDIA WAIVER

I authorize the applicant's photograph/video/voice/name to be used for school activities and school purposes only (including school promotional materials in print, all forms of digital media as well as online, including social media marketing purposes).

PARTICIPATION FEE — \$25.00 (INCLUDES HOT MEAL)

I understand that a participation fee of \$25.00 is required to participate in the Youth Leadership Training Program which includes a hot meal for the participant during their lunch break. ***I also acknowledge that Dietary/Food Restrictions on Page 2 has been answered appropriately.**

PRIVACY STATEMENT

J. Addison School is committed to protecting the privacy of its students and families. Personal information is not sold, leased or traded with other organizations and will not be disclosed except in accordance with school identified purposes or unless permitted or required by law. Personal information collected on this form is used to ensure the safety of the student while attending our school, to determine the medical and dietary needs of the student in the event of a health concern requiring emergency treatment. By signing this form, you give J. Addison School your consent to collect, use and/or and disclose your personal information and the information of the student for all school related operations.

PAYMENT AND TERMS

I understand that all fees paid are non-refundable, non-transferable and subject to change without notice. Full payment is due upon registration paid via Cash or Debit/Credit Card or Cheque made payable to **J. Addison School INC.**

I hereby certify that all information contained on these forms are accurate and complete; J. Addison School will not be responsible for accidents or injuries that may arise as a result of incorrect or missing information given at the time of enrolment. It is the applicant/parent/guardian's responsibility to provide J. Addison staff with written notification of changes or new student information.

I acknowledge that breaching of any school policies, procedures, rules and/or regulations (including updates that are made from time to time) may result in immediate cancellation of enrolment and forfeiture of any fees paid.

I also agree to release and indemnify J. Addison School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to the applicant as a result of any accident, illness, or for any reason arising from participation in any school activities.

I understand that acceptance into a J. Addison School program will be based on availability and first-come first-serve basis. Should my application be denied, I agree to be placed on a waiting list. I understand that I will be notified at least 2 weeks prior to the start of the program (if possible) should this event occur.

I, the undersigned, and the applicant named herein have read and understand all the above terms and conditions listed on this application form, and agree to abide by them.

APPLICANT/PARENT/GUARDIAN INITIAL

APPLICANT SIGNATURE

GIVEN NAME

SURNAME

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OF AGE)

GIVEN NAME

SURNAME

SIGNATURE

DATE

HOW DID YOU HEAR ABOUT US?

- ☐ NEWSPAPER ☐ COMMUNITY GUIDEBOOK ☐ FLYER ☐ IN THE NEIGHBORHOOD ☐ ONLINE AD ☐ ONLINE SEARCH ☐ RADIO ☐ TV
- ☐ EDUCATION CONSULTANT/AGENCY (PLEASE PROVIDE NAME) ☐ FRIEND/RELATIVE (PLEASE PROVIDE NAME)
- ☐ CURRENT OR PREVIOUS JAS STUDENT AND FAMILY (PLEASE PROVIDE NAME) ☐ OTHER

**UPON COMPLETION, PLEASE SCAN AND SUBMIT THIS APPLICATION VIA EMAIL TO
INFO@JADDISONSCHOOL.COM WITH THE SUBJECT TITLE
"YOUTH LEADERSHIP TRAINING APPLICATION - (APPLICANT NAME [FIRST, LAST])"**