



Rotary Club of North Vancouver

ADVENTURE IN ADAPTIVE SNOW SPORTS 2009 APPLICATION FORM

MARCH 13 – 16, 2009 North Vancouver, BC

Please visit www.rotarynorthvan.org for complete information on the 2009 program.



DEADLINE FOR RESERVATIONS NOVEMBER 15TH 2008

ENCLOSE WITH THIS FORM: Cheque for \$450.00 payable to Rotary Club of North Vancouver and a 1 page letter (500 words) from the student on why he/she wants to participate and what they hope to gain from the program.

MAIL: Rotary Adventure in Adaptive Snow Sports, c/o 557 East 6th Street, North Vancouver, BC V7L 1R2

(PLEASE COMPLETE IN BLOCK CAPITALS)

Student's Full Name:.....

Home Address (Street)

City, Province:..... Postal Code:.....

Tel:.....Email:.....

Date of Birth:.....Current School:.....Grade.....

Physical Disability

Extracurricular activities:.....

Special interests and hobbies:

Father's Name: Mother's Name:

Address (Street)..... Street.....

City, Province.....PC..... City, Province.....PC.....

Phone:.....Email..... Phone:.....Email.....

Signatures (Student):(Parent).....Date:.....

Sponsoring Rotary Club:Contact:.....

Phone Number:Email:

The sponsoring Rotary Club will be responsible for paying the registration fee and return transportation from the applicants home town to Vancouver, BC. The registration fee includes any costs incurred for accommodation, meals and transport of the participant during the program.

Host families will provide bed & breakfast and will ensure transportation to and from the program daily. There will always be two or more participants placed with each Host family.

2009 ROTARY ADVENTURE IN ADAPTIVE SNOW SPORTS PROGRAM

PARTICIPANT'S UNDERTAKING

RELEASE OF LIABILITY

I, _____(name in full) hereby release and forever discharge the Rotary Club of North Vancouver (the Organizers), its volunteers, participating agencies and the host families, from any and all liability for any injury (including death) and/or any property damage that I could sustain arising out of or in relation to my participation in the Rotary Adventure in Adaptive Snow Sports Program.

WAIVER

I further waive any right I might have to make any demand or claim and to commence any action or lawsuit against any other person or corporation who might, in turn, make a demand or a claim or commence an action or a lawsuit against the Rotary Club of North Vancouver.

PERMISSION REGARDING PHOTOGRAPHS, ETC.

I hereby grant the Organizers and those authorized on their behalf, the right and unrestricted and perpetual permission, in respect of picture or film footage that it, through its photographers and or other participants in Rotary Adventure in Adaptive Snow Sports, has taken of me or in which I may be included with others during my participation in the Adventure in Adaptive Snow Sports Program and in respect of comments I have made or written on my participation to use, publish or broadcast and/or to authorize a third party to use, publish or broadcast the same in whole or in part in any and all media for any purpose whatsoever.

CONSENT:

I declare that I have read and understand this document in its entirety and consent to the foregoing.

Signatures (STUDENT)

(PARENT/GUARDIAN)

Date

Witness to Signature

Witness to Signature

2009 ROTARY ADVENTURE IN ADAPTIVE SNOW SPORTS PROGRAM

PARENTAL CONSENT

The consent of a parent or legal guardian is mandatory.

I, _____ (name in full), am the father / mother / legal guardian (please indicate which) with the legal authority of the person who has signed the attached Participants Undertaking. I confirm that the said participant's birthday is _____ 19 ____.

I confirm that I have read the Participant's Undertaking with which this form is enclosed and that I have discussed its contents with my son / daughter / ward named above. I fully understand the physical disability that my son / daughter / ward has and I expressly relieve the Rotary Club of North Vancouver, its members, volunteers, and participating agencies and host families of responsibility for accidental injury or any other harm which the above named person may incur for any reason whatsoever during his/her participation in the program. I agree to indemnify fully the said individuals and organizations for any claim against them which may arise from any injury or harm incurred by the above named participant. I also understand and agree that should my son/ daughter / ward engage in any conduct that is hazardous to him / herself or others or against the express wishes of the instructors or hosting family, he / she will be immediately expelled from the program. In that event, I agree to pay all costs arising from his / her return home.

In the event of emergency, please phone me at phone number: _____

Student's BC Medical # _____

Physician's Name _____ Phone: _____

Name of Parent/Guardian _____

Date

Signature of Parent/Guardian

Witness to Signature