



LEADERS IN TRAINING REGISTRATION PACKAGE





PROGRAM GUIDELINES

- All volunteers must be within 12-16 years of age.
- When signing up to volunteer, you will be expected to commit to a minimum of one week and a maximum of four weeks.
- All Leaders in Training communications will go through the Guardian's email provided. Schedules will be picked to best suit the participant's availability and preferences.
- Each volunteer must attend a Leaders in Training orientation. If you are unable to attend the group orientation, then you are responsible to organize a time with Kody to receive the information. The group orientation will be planned according to everyone's registration availability.
- You will be volunteering with at least one TLC staff member at all times.
- Each volunteer here for a full day will receive 30 minutes for lunch. During this time volunteers are expected to stay in the facility.
- There will be a volunteer sign in and out form. It is the volunteer's responsibility to sign themselves in and out as a way to keep track of their hours completed. We are not responsible for volunteer pick and drop off.
- If you need to reschedule, please let Kody know at least one week in advance.
- After the summer is complete, each volunteer will receive a feedback form or a reference letter.
- If you are unable to make your volunteer shift, or have questions or concerns, please contact Kody Kisiloski, Children and Youth Program Coordinator, at kkisiloski@trileisure.com or 780-948-3214.

By signing, I acknowledge that I have read, understand, and agree to the Leaders in Training Program Guidelines as defined above.

PARTICIPANT SIGNATURE

DATE

GUARDIAN SIGNATURE

DATE



PARTICIPANT INFORMATION

Name: _____

Age: _____

ALLERGIES: NO YES (If yes, please list)

HEALTH CONCERNS: NO YES (If yes, please list)

MEDICATION: Will you be taking medication during the program?

NO YES

If yes, have you filled out our Medication Administration Form?

NO YES

Guardian Information

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

MEDICAL STATEMENT

In case of emergency or illness every effort will be made to contact the parents/guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medical physician may attend to my child.

PARENT INITIAL

DATE

INFORMED CONSENT

I am aware that the TransAlta Tri Leisure Centre programs may be involved in some of the following activities: swimming, skating, sports, using TransAlta Tri Leisure Centre facilities, off site trips, such as walking to local parks or other locations surrounding the TransAlta Tri Leisure Centre.

PARENT INITIAL

DATE

FIELD TRIP PERMISSION

I hereby give written consent for my child to participate in the trips away from the TransAlta Tri Leisure Centre as a program activity. I fully understand that reasonable precautions and safety measures will be taken by the program staff and I waive any liability on the part of the TransAlta Tri Leisure Centre.

PARENT INITIAL

DATE



AVAILABILITY

Camps I'm interested in volunteering for (please check all that apply):

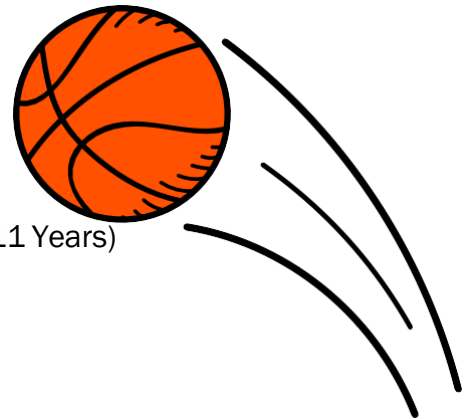
Preschool Camps (3-5 years) _____
Kids Camps (6-11 years) _____

Hours Available (please check all that apply):

½ Day Mornings (8:45 am – 12:15 pm) _____
½ Day Afternoons (12:45 – 4:15 pm) _____
Full Day Camps (8:45 am – 4:15 pm) _____

Week's I'm Available (please check all that apply):

July 10-14: _____ (Only open for past volunteers, Full Day 6-11 Years)
July 17-21: _____
July 24-28: _____ (Full Day 6-11 year Camps)
July 31- Aug 4: _____
Aug 8-11: _____ (4 Day Camp Tues-Fri)
Aug 14-18: _____ (Full Day 6-11 year Camps)
Aug 21-25: _____



Days I'm available for orientation and training (please check all that apply):

June 17: _____ June 23: _____ June 24: _____ June 28 _____
June 29: _____ July 6: _____ July 7: _____ July 8: _____

I would prefer the training to be in the: Morning: _____ Afternoon: _____ Evening: _____

Other Notes:



MORE ABOUT ME

Please list any previous related work/volunteer experience:

What interests you about volunteering with the TLC's Summer Camps?

What are some challenges you may encounter while volunteering with the TLC's Summer Camps?
(example: crying children make you nervous)

Do you have any restrictions participating in swimming or skating?

What's your favourite camp game/activity?





VOLUNTEER PARTICIPANT AGREEMENT

In consideration of the services of Tri Municipal Leisure Facility Corporation and their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge Tri Municipal Leisure Facility Corporation on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that working as a volunteer at the TLC entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slips and falls and accidental drowning.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Tri Municipal Leisure Facility Corporation from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Tri Municipal Leisure Facility Corporation's equipment or facilities, including any such Claims which allege negligent acts or omissions of Tri Municipal Leisure Facility Corporation.
4. Should Tri Municipal Leisure Facility Corporation or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against Tri Municipal Leisure Facility Corporation, I agree to do so solely in the province of Alberta, and I further agree that the substantive law of that province shall apply in that action without regard to the conflict of law rules of that province. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Tri Municipal Leisure Facility Corporation on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant/Volunteer:	
Print Name:	
Address:	
Phone:	Date:

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants/volunteers under the age of 18)

In the consideration of _____ (print minor's name) ("Minor") being permitted by Tri Municipal Leisure Facility Corporation to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Tri Municipal Leisure Facility Corporation from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian:
Print Name:
Date:

The personal information provided on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act.