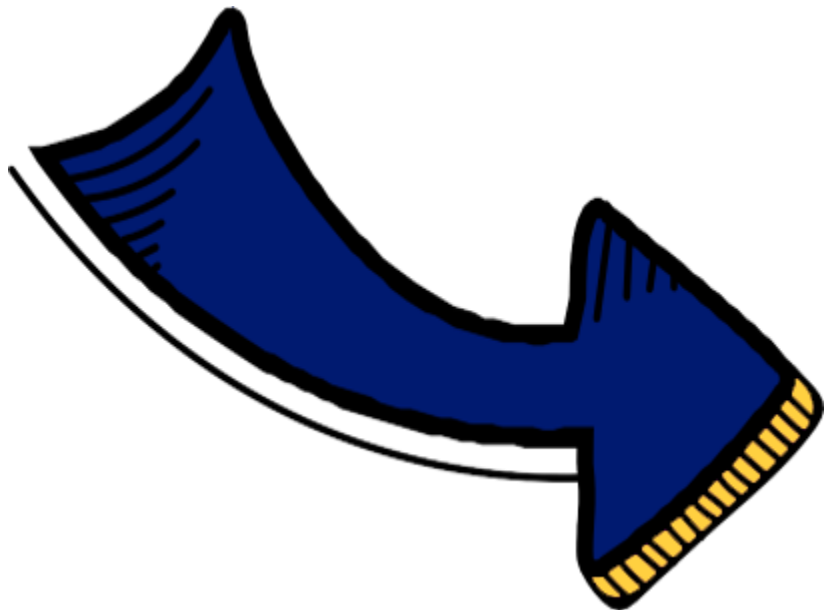


LEADERS IN TRAINING PROGRAM



Leaders in training registration package



LEADERS IN TRAINING PROGRAM



Program Guidelines

- All Participants must be within 12-16 years of age.
- When signing up to participate, you will be expected to commit to a minimum of one week and a max of 3 weeks. Registration will close once all available spaces have been filled. Limited waitlist options will be available.
- 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 Participant must attend the Leaders in Training Orientation (date in availability section). If you are unable to attend the group orientation, we are unable to have you participate in our TLC program.
- A \$25 registration fee must be completed upon registration for Leaders in Training. A full refund will be given if you're unable to make the Orientation session and your registration will be cancelled.
- Each Participant here for a full day will receive 30 minutes for lunch. During this time Participants are expected to stay in the facility.
- There will be a Participant sign in and out form. It is the Participants responsibility to sign themselves in and out to keep track of their hours completed. We are not responsible for Participants pick and drop off.
- If you need to reschedule, please let the Children and Youth Coordinator know at least one week in advance.
- After the summer is complete, each volunteer will receive a feedback form. A reference letter can be received based upon request.
- If you are unable to make your scheduled 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

LEADERS IN TRAINING PROGRAM



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 an 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

LEADERS IN TRAINING PROGRAM



Availability

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

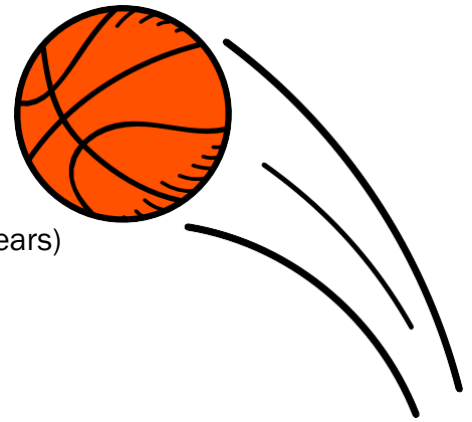
3-5yr Camps (9am-12pm) _____
Kids Camps (6-11 years) _____

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 6-10: _____ (Only for past participants, Full Day 6-11 Years)
July 13-17: _____
July 20-24: _____
July 27- July 31: _____ (Friday Wheels up day)
Aug 4-7: _____ (4 Day Camp Tues-Fri)
Aug 10-14: _____
Aug 17-21: _____(Friday Wheels up day)



I'm available for orientation and training (**Saturday June 20th 9am-4pm**): Please NOTE that you must attend the Leaders in Training Orientation to Participate for the Summer.

NO YES

Other Notes:

LEADERS IN TRAINING PROGRAM



More About Me

Please list any previous related work/volunteer experience:

What interests you about participating in the Leader's in Training Program?

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

Do you have any restrictions on participating in swimming or skating?

What's your favourite camp game/activity?



LEADERS IN TRAINING PROGRAM



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 despite 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 condition 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 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 Access To Information Act (ATIA).