



AMM REGISTRATION FORM for Youth Ambassadors

(Grades 8-12) | March – August 2022

PARTICIPANT INFORMATION			
Participant First & Last Name:		Preferred Pronouns:	
Cell number:	Birthday: mm/dd/yyyy		
Band #:			
HOUSEHOLD INFORMATION			
Parent/Guardian (current address of participant)			
Title/First & Last Name:		Relationship to Participant:	
Street Address:	City/State:	Postal Code/ Zip Code:	Birthday: mm/dd/yyyy
Primary Phone #:	Alternate Phone #:	Email:	
Parent/Guardian #2			
Title/First & Last Name		Relationship to Participant:	
Primary Phone #:	Alternate Phone #:	Email:	
Extended Family Member Information			
Title/First & Last Name		Relationship to Participant:	
Primary Phone #:	Alternate Phone #:	Email:	
Emergency Contact Information (for while youth is attending camp or on day trips)**			
Name (Emergency Contact):		Relationship with Family:	
Phone Number:		Alternate Phone Number:	
Who is allowed to pick up the participant from program activities other than the parent/guardian/family listed above?		Who is NOT allowed to pick up the participant from program activities?	

**** We understand that you (Parent/Guardian/Family Member) are the emergency contact for your children and that the emergency contact information will be used if you (Parent/Guardian/Family Member) are not available.**

Participant's Medical Information

Please print & fill in all pages for each participant

Participant Name:		Date of Birth:	Gender:
Health Card #:	Expiry:		
Physician Name:		Physician Phone:	

Dietary Restrictions: <input type="checkbox"/> None <input type="checkbox"/> Vegan <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> No Red Meat <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> No Pork <input type="checkbox"/> Other	Please List any major food dislikes: Intolerances to food:	General Health: Is there anything about the participants health (mental, emotional, physical, or spiritual) you would like Ayás Méhmen staff to know so we can best support them during this program? _____ _____ _____
		Medications: Does the participant currently take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, before any overnight programs the participant will need to fill out a medication form.
Allergies: Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the participant carry an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate severity and triggers (airborne, contact or ingestion) in the case of SEVERE allergy please provide a personal emergency management plan & history of previous reactions.		
Allergy #1		Other Medical conditions: (i.e. asthma, emphysema, hay fever, diabetes, epilepsy, nosebleeds, fainting, heart condition, high blood pressure, sleep walking, bed wetting, urinary tract infections, chronic pain, etc) _____ _____
Allergy #2		
Allergy #3		
Please list any accessibility needs we can support: _____ _____ _____		Other Mental Health conditions: (i.e. ADHD, Autism, FASD, Anxiety, Depression, etc.) _____ _____ _____

Authorization: To the best of my knowledge this/my child does not have any communicable diseases and is physically able to participate in all program activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate people including staff and Medical Personnel.

If I have a child attending the program:

- I understand that I will be notified following assessment or treatment by a local physician.
- In case of an emergency, if I cannot be reached, permission is hereby given to the program staff to take whatever steps deemed necessary to ensure the safety and health of my participant. This also allows permission for the program to contact the participant's family physician.

The above information is correct to the best of my knowledge. I will notify Ayás Méhmen of any changes as soon as possible.

My signature below indicates all information on this medical and general information form is complete and accurate.

Signature of Parent or
Guardian:

_____ Date: _____

Photo Waiver / Release

Ayás Méñmen is constantly updating its promotional materials. We are proud of our programs and would like to be able to show pictures that demonstrate what we do. We take pictures during all our programs. We are asking for permission to use your image or your child's image in promotional material and/or on our website (including social media) to promote the benefits of Ayás Méñmen programs.

Ayás Méñmen can use my image or this/my child's image (in photograph, digital, video or electronic form) for and in publications, posters, web-site or other media, without limitation, and I agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against Ayás Méñmen in respect thereof.

Please indicate if you agree or disagree with the information above related to Photo

Waiver/Release by checking one of the checkboxes:

Agree

Disagree

Participant Name: _____ Participant Signature: _____

Date: _____ Signature of Parent/Guardian
(If participant is under 18) : _____

Date: _____

Conditions of Enrollment

If I am participating in the program I agree to participate in all program activities and in any supervised trips to places as arranged by Ayás Méñmen staff, provided I feel safe and comfortable within my personal limits.

If I have a child participating in the program and I/we agree to allow this/your child to participate in all program activities and in any supervised trips to places as arranged by Ayás Méñmen staff provided my child feels safe and comfortable within their personal limits.

In consideration of acceptance of this application by Ayás Méñmen, I/we hereby agree as follows:

- a) that the Directors of Ayás Méñmen reserve the right to terminate the registration of any participants when it is deemed by the Directors to be in the best interest of the participants and/or program.
- b) if I have a child participating in the program, I give program officials authority to act on my behalf in case of emergency
- c) to release and indemnify Ayás Méñmen from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named participant arising from participation in any program activities

Waiver

Participant Name: _____

Please read carefully.

* By signing this you recognize and understand the acknowledgement of risk form and you give up all your legal rights to sue for injuries or loss caused during the period that the participant is under the supervision of Ayás Méñmen.

_____ * We hereby forever release, discharge and hold harmless the instructors, volunteers, directors or any other staff member of Ayás Méñmen from any claim, action or damage arising out of the Participant's activities while participating in an Ayás Méñmen camp/program.

_____ * We further understand that Ayás Méñmen assumes no liability or responsibility for injury or loss to the aforementioned participant's person or property.

_____ * I /We have read, understood, accept and agree to abide by the policies and guidelines as set forth and acknowledge the risk involved in Ayás Méñmen camps/programs. If I have any uncertainty as to the nature of the programs, I will request more information from Ayás Méñmen.

**** Please initial each of the above paragraphs to ensure you have read and understand the waiver information.***

Participant Name: _____ Print Parent/Guardian's Name _____

Participant Signature: _____ Parent/Guardian's Signature _____

Witness Signature _____ Print Witness name _____

Acknowledgement of Risk

****To be read/understood by both parents & child****

Participant Name: _____

Ayás Méñmen would like you to read the following carefully as it may affect this/your child's safety and the safety of others going on this trip. Once you have read it we would like you to sign the bottom of the form as an indication that you have read and understood it, and return it to us, together with the rest of your registration package. We have taken all reasonable steps to provide you with the level of care and assurances of safety appropriate to these activities. However, you should be aware that certain inherent risks remain which are integral to the activity, and which cannot be eliminated without destroying the uniqueness of the activities.

Amongst other things, some of these risks can contribute to:

- The loss or damage of your personal clothing or equipment
- Feelings of discomfort, fear and apprehension, or even
- Accidental injury, illness, or trauma, which in extreme cases may result in death.

The level of real (as opposed to perceived) risk associated with the activities at camp is very low. However, the type of risks may be something with which you are not familiar. The level of risk is generally no greater than that associated with, for example, the normal play of an average person/child, or that associated with a person/child or youth undertaking recreational activities appropriate to their ability, fitness, age, etc.

Depending on which camp the child is participating in, they may be involved with any or all of the following. If you are not comfortable with any of these you should let that be known to us as soon as possible.

Things you may encounter include, but may not be limited to:

Rough or rugged terrain. This trip may be on mountain, forestry or rough terrain. If you are only used to footpaths, tarmac surfaces, and gentle inclines, etc., this may come as a bit of a surprise by putting greater strain on joints and muscles than you are used to.

Physical effort. Our camps involve physical effort that at times may be more than the participant are used to. This may involve stamina or physical strength. If the participant has medical conditions or injuries, past or present, which may make some activities difficult, they should make us aware of them. Rest assured however, that we could accommodate almost anyone provided we know about the condition.

Animals. Ayás Méñmen operates its camps in the British Columbia wilderness where wild animals are present. While it is a wilderness setting, participants will be given instruction on how they can be responsible users of the wilderness. Animals generally tend to avoid human activity. However with wild animals a reality of wilderness living, we ask all children to "cruise in twos" when walking from one area of the camp to the next.

Water activities (ex. Shokum, swimming, etc). All normal and appropriate precautions will be taken, such as the use of buoyancy aids when appropriate. However, some situations may become stressful for some people. If you (the participant) has an unusual aversion to water you should let that be known to us, although the ability to swim is NOT a requirement.

Environmental risks and hazards. These may include such factors as lightning, floods or rock-fall although the more common would be rapid and significant changes in the weather, or unstable or slippery conditions underfoot.

Transportation. Getting to our camps requires transportation on major roadways. Accidents are very rare but can happen and can be fatal. We do our best to minimize accidents by hiring quality drivers and using reliable vehicles.

Slips and trips. This is the most common type of accident throughout society and our trips are no exception. We will endeavor to ensure that the consequences of such a slip are not serious but you should be aware that the likelihood of falling over or slipping is likely to be greater than you are used to. Moreover, given the nature of the environment in which these may occur the situation can compound giving rise to a more serious incident.

Ayás Méñmen has clear obligations and we take these very seriously. However, we will be expecting students to contribute to their own, and each other's safety by following the instructions leaders will, from time to time, be giving them.

Acknowledgement

I recognize:

- That this trip may require an attitude and approach different from other activities I have been involved with.
- That the nature of the risks may be different to those, which I am familiar with.
- That certain inherent risks remain.
- That commitment to participate in all activities facilitated during the program is **essential**, and necessary for the overall development of the child.

Participant Name: _____ Participant Signature: _____

Date: _____ Signature of Parent/Guardian
(If participant is under 18) : _____

Date: _____