

MEDICAL INFORMATION FORM FOR PARTICIPANTS AND FACILITATORS · PLEASE PRINT CLEARLY

Name _____
 Health Card Number _____
 Name of Family Physician _____
 Physician's Phone _____
 Physician's Address _____

Please list any significant operations, accidents, illnesses, as well as the cause of the last medical attention:

Are you taking any medications regularly? If so, what?

Do you have any physical restrictions requiring special consideration? If so, what are they?

Do you have any special dietary needs as a result of a health condition or religious reasons? If so, what are they?

Have you had or presently experiencing:

Allergies	<input type="radio"/> Yes <input type="radio"/> No	Joint injury/surgery	<input type="radio"/> Yes <input type="radio"/> No
Asthma	<input type="radio"/> Yes <input type="radio"/> No	Kidney disease	<input type="radio"/> Yes <input type="radio"/> No
Attention Deficit Disorder	<input type="radio"/> Yes <input type="radio"/> No	Menstrual difficulties	<input type="radio"/> Yes <input type="radio"/> No
Back pain or injury	<input type="radio"/> Yes <input type="radio"/> No	Mental/emotional problems	<input type="radio"/> Yes <input type="radio"/> No
Blackouts	<input type="radio"/> Yes <input type="radio"/> No	Neck pain or injuries	<input type="radio"/> Yes <input type="radio"/> No
Bleeding disorder	<input type="radio"/> Yes <input type="radio"/> No	Obsessive Compulsive Disorder	<input type="radio"/> Yes <input type="radio"/> No
Cancer	<input type="radio"/> Yes <input type="radio"/> No	Seizures	<input type="radio"/> Yes <input type="radio"/> No
Colitis	<input type="radio"/> Yes <input type="radio"/> No	Rheumatic fever	<input type="radio"/> Yes <input type="radio"/> No
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Tourette's Syndrome	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy	<input type="radio"/> Yes <input type="radio"/> No	Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No
Heart Disease	<input type="radio"/> Yes <input type="radio"/> No	Ulcer	<input type="radio"/> Yes <input type="radio"/> No
Hernia	<input type="radio"/> Yes <input type="radio"/> No		
High Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No		

Do you have allergic reactions to any of the following:

Penicillin Yes No If yes, what reaction?

Other Antibiotics Yes No If yes, what reaction?

Other Medicines Yes No If yes, what reaction?

Insect Bites/Stings Yes No If yes, what reaction?

Food Yes No If yes, what reaction?

Other _____

This medical information is current at time of application submission. Applicant (if 18+) or parent/guardian is responsible to inform Ontario Co-operative Association of any changes to the applicant's medical history between time of application and actual attendance at camp.

I certify that the above information is accurate:

Signature (parent/guardian or 18+ participant)

Date

On Co-op is committed to protecting your personal information. Every reasonable effort is made to maintain security of this information and ensure that only authorized staff have access to the information. Authorized staff are made aware of, and are required to follow, the On Co-op Privacy Policy. Privacy compliance questions and/or concerns may be addressed to the Privacy Officer at info@ontario.coop.

WAIVERS, RELEASES & ACKNOWLEDGMENTS

Participant Name (please print) _____

PROGRAM PARTICIPATION

1. I/We the undersigned, am/are the participant (when of legal age) and/ or the parent(s) and/ or guardian(s) of the above named participant.
2. In consideration of the Ontario Co-operative Association providing a program called Co-operative Young Leaders Ontario (CYL) for the participant during the time period specified below and in consideration of the sponsor providing partial funding for the program and in some cases providing transportation to and from the CYL Program, I/We the above named participant/parent(s)

and/or guardian(s) of the participant hereby release and forever discharge the Ontario Co-operative Association and the sponsor from any and all claims, demands, damages or causes of action arising in any way as a result of the participant being provided the transportation, lodging, meals and activities of the Ontario Co-operative Association or the sponsor or any of their servants, agents, administrators or assigns of any third party.

3. Further, in consideration of the participant using the transportation, lodging and food,

I/We do hereby covenant and agree to indemnify and save harmless the Ontario Co-operative Association and the sponsor, their administrators and assigns from all actions, damages, debts, accounts, claims and demands which may hereafter be brought against them by or on behalf of said participant as a result of his/her use of said transportation, lodging, meals and activities or on behalf of any third party as a result of our child's participation in the CYL program or his/her actions during any part of the CYL program.

Dated at _____ this _____ day of _____, 2009.
CITY/TOWN DATE MONTH

Parent/Guardian's Signature _____ (Witness) _____

Parent/Guardian's Signature _____ (Witness) _____

Participant's Signature _____ (Witness) _____

CODE OF CONDUCT

I have read the CYL Code of Conduct and the CYL Core Rules and agree to participate within these boundaries while in attendance at Ontario Co-operative Association activities. I further understand that any violation of the CYL Code of Conduct may be cause for dismissal from the activity/ program. The Code of Conduct and Core Rules can be viewed online at ontario.coop.cyl > Parents and will also be included in the Welcome and Information package.

- Yes, I have read and understood the Code of Conduct and the Core Rules.

SPONSOR INFORMATION

1. I have discussed this CYL application with the sponsoring organization noted above and confirmed their acceptance of my sponsorship.
2. I will bring general information about my sponsor to camp, to be used to tell others about my sponsor.
3. I acknowledge that, as part of partially funding my attendance at CYL, my sponsor may have additional requirements for me before or after my week at Co-operative Young Leaders camp.

- Yes, I understand the obligations to my sponsor as outlined above.

CONTACT INFORMATION

I grant permission for my participant contact information to be shared with with CYL participants and facilitators, subject to On Co-op privacy policies.

- Yes No

Parent/Guardian's Signature _____

Parent/Guardian's Signature _____

Participant's Signature _____

Date _____

PHOTO RELEASE

I grant permission for the use of any statements made, or images, pictures or movies taken of me during CYL or related activities to be used for the promotion of CYL, youth involvement, On Co-op or Ontario co-operatives.

- Yes No

REDUCED PAPER OPTION

A participant Information and Welcome package will be sent electronically approximately two weeks prior to your session. It may include waivers and other documents that must be signed and brought with the participant on their first day of camp. The parent/guardian (or participant if over 18) must check below to indicate how you would like to receive this information.

- Yes, I would like to receive an **electronic** Package sent to the family email address as noted on the application form. I understand that I must print, sign and bring any forms included in the Welcome Package with me to camp.
- No, instead I would like to receive a **printed** Welcome Package, mailed to the postal address as noted on the application form. I understand that I must sign and bring any forms included in the Welcome Package with me to camp.

T-SHIRT OPTION

The registration fee includes a CYL T-shirt, which participants may decline. Check below to indicate your choice.

- Yes, I would like a CYL "I ♥ Co-ops" T-shirt.
 Unisex sizes. S M L XL XXL
- No, I do not require a T-shirt. Please donate the funds to CYL programs.

