

CYL 2008 APPLICATION FORM

PLEASE PRINT CLEARLY.

PARTICIPANT PERSONAL INFORMATION

Have you attended CYL before? Yes No

Name _____

Street _____

City _____ Province _____ PC _____

Home Phone _____

Personal E-mail _____

Family E-mail _____

Date of Birth | | | | | | | | | | Gender M F
(DD/MM/YY)

Next of Kin _____

Next of Kin's Phone number _____

Emergency Contact (other than next of kin) _____

Emergency Contact Phone _____

Swimming Skill Level _____

Dietary Needs (e.g. vegetarian) _____

May we share your contact info with other participants? Yes No

Participant Fee includes a CYL T-Shirt. Please check the UNISEX size of participant: Small Medium Large X-Large XX-Large

CO-OP OR CREDIT UNION SPONSOR INFORMATION

Sponsoring Organization _____

Branch (if applicable) _____

Sponsor Address _____

City _____ PC _____

Contact Person _____

Phone _____

Fax _____

E-Mail _____

REQUESTED SESSION AND DATE

JUNIOR: For all young people aged 14–15 at time of camp

(A) June 28 – July 5 Co-sponsors: Meridian Credit Union & Mountain Equipment Co-op

(B) July 5 – 12 Sponsor: The CUMIS Group

(C) July 12 – 19 Sponsor: Gay Lea Foods Co-operative

INTERMEDIATE: Youth aged 16–17 at time of camp & all Junior grads

(A) July 19 – 26 Sponsor: Ontario Student Co-operative Association

(B) July 26 – Aug 2 Sponsor: Co-operative Housing Federation of Canada

SENIOR: 18 years of age at time of camp & all Intermediate grads

(A) August 9 – 16 Co-sponsors: GROWMARK, Inc & UPI Energy LP

(B) August 16 – 23 Sponsors: Heartland and Woodslee Credit Unions

REGISTRATION FEES Payment must accompany form.

Enrolment is limited – Register now!

EARLY BIRD SPECIAL May 30 or earlier

Junior and Intermediate sessions

| Participant | Sponsor* | Total |
|-------------|------------------------------|-------|
| \$150 | On Co-op member \$575 | \$725 |
| \$150 | Not an On Co-op member \$650 | \$800 |

Senior sessions

| Participant | Sponsor* | Total |
|-------------|------------------------------|-------|
| \$150 | On Co-op member \$635 | \$785 |
| \$150 | Not an On Co-op member \$715 | \$865 |

Application received May 31 or later

Junior and Intermediate sessions

| Participant | Sponsor* | Total |
|-------------|------------------------------|-------|
| \$150 | On Co-op member \$650 | \$800 |
| \$150 | Not an On Co-op member \$715 | \$865 |

Senior sessions

| Participant | Sponsor* | Total |
|-------------|------------------------------|-------|
| \$150 | On Co-op member \$700 | \$850 |
| \$150 | Not an On Co-op member \$780 | \$930 |

All prices include GST. GST #100762376.

Payment may be made by cheque, money order, Visa or MasterCard. Because CYL operates on a cost-recovery basis, a 2.5% surcharge must be added to all credit card payments.

*If the sponsoring organization is a member of On Co-op, or is a member of a federation/association which is a member of On Co-op, pay the Member Fee. (Examples of member federations include: Credit Union Central of Ontario, the Co-op Housing Federation of Canada, GROWMARK, Inc and OPPCEO).

CYL APPLICATION CHECKLIST

Application Form (page 1) Medical Information Form (page 2)

Waiver and Release (page 3)

Payment enclosed: Cheque Visa MasterCard

Note: All credit cards are subject to a 2.5% surcharge.

Learn more. Visit www.ontario.coop/cyl

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

Do you have allergic reactions to any of the following: (please circle yes or no)

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?

This medical information is current at time of application submission. Participant (if 18+) or Parental Guardian is responsible to inform Ontario Co-operative Association of any changes to a participant's medical history between time of application and actual attendance at camp.

Signature to certify that the above information is accurate:

Signature (parent or 18+ participant)

Date

On Co-op is committed to protecting the privacy of the personal information of its members and applicants. On Co-op will not sell, trade or share the personal information of applicants. 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.

WAIVER AND RELEASE

PLEASE PRINT CLEARLY

Participant Name (please print): _____

- | | |
|--|--|
| <p>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.</p> <p>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</p> | <p>activities of the Ontario Co-operative Association or the sponsor or any of their servants, agents, administrators or assigns of any third party.</p> <p>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.</p> |
|--|--|

Dated at _____ this _____ day of _____, 2008.

| | |
|-----------------------------------|-----------------|
| Parent/Guardian's Signature _____ | (Witness) _____ |
| Parent/Guardian's Signature _____ | (Witness) _____ |
| Participant's Signature _____ | (Witness) _____ |

PAYMENT INFORMATION

Payment enclosed Cheque Visa MasterCARD

Participant fee \$150.00 _____

Sponsor fee \$ _____

2.5% credit card surcharge \$ _____ (if applicable)

Total fees for this participant \$ _____

Credit Card number _____

Expiry _____ (mm/yy)

Authorized Signature _____

Cancellation Policy: Refunds (less \$50 administration fee deducted from sponsor portion) may be requested up to two weeks prior to each session's starting date only.

Please return application form, medical information form, waiver/release form, and participant and sponsor fees to:
 Ontario Co-operative Association
 Attention: Sonja Carrière
 450 Speedvale Avenue West, Suite 101 Guelph ON N1H 7Y6
 Tel 519.763.8271 · Toll-free 1.888.745.5521
 Fax 519.763.7239
 youth@ontario.coop

- To be eligible for early bird discount, completed application package and payment must be received on or before May 30, 2008. All applications received on May 31, 2008 or after will be at the regular price. **NOTE: If an application package is not complete we CANNOT reserve a space at camp for you.**
- Sponsor and Participant fees may be combined in one payment or sent individually, however the TOTAL AMOUNT must be remitted as part of the application package.
- Registrations may be submitted up to two weeks prior to each session, subject to space limitations.
- Please check all information before submitting to On Co-op, including t-shirt size and the week of camp you have requested.
- A participant information and welcome kit will be mailed prior to camp start date. Please contact On Co-op if the package has not arrived two weeks before the start of your session as it contains important last-minute information. Directions to the camp location, what to bring, participant and session information, and the code of conduct can be viewed at www.ontario.coop/cyl.

| FOR OFFICE USE ONLY | | |
|---|---------------------|-------------------------------|
| Date received: _____ | Date entered: _____ | |
| Participant fee: \$ _____ | Cheque #: _____ | <input type="radio"/> VISA/MC |
| Member/Non-Member _____ | | |
| Participant fee: \$ _____ | Cheque #: _____ | <input type="radio"/> VISA/MC |
| OCUCF Fee: _____ | Cheque #: _____ | |
| Participant fee: \$ _____ | Cheque #: _____ | <input type="radio"/> VISA/MC |
| Participant information kit sent: _____ | | |
| Other: _____ | T-Shirt Size: _____ | |

