**DISCOVER TRADES DAY CAMP APPLICATION PACK**

**The Construction Foundation of BC** is offering Discover Trades Day Camps this spring break in FT St John, BC.

These are week-long opportunities for young women youth ages 10-13 years old to explore the trades industry in a fun, collaborative environment. These camps will showcase the industry as the Participants make and build projects relating to different skilled trades. Participants will learn valuable skills, safety, working with tools and collaborating with other participants.

**YOUNG WOMEN IN TRADES**

March 17th-20th

8130 89 Ave Duncan Cran Elementary School

FT ST John, BC

\* Both Camps Start at 9:00am (Drop off begins at 8:30am) and ends at 3:00pm.

\*\* Please ensure that arrangements are made to pick up participants at the end of the day.

**Learning Objectives:**

* Explore different trades within the construction industry
* Increase awareness to the trades for underrepresented groups
* Share with Participants with safe work practices
* Teach Participants the proper use of a variety of tools

**Included In the Program:**

* Snacks, lunch, and water for the duration of the camp
* Hands-on exploration of trades skills taught by industry leaders and tradeswomen
* All required safety equipment, and tools
* Celebration on the last day to showcase Participant’s work to parents, and family members.

**Trades Covered:**

* Carpentry, Electrical, Welding, Masonry, Painting, Plumbing and Sheet Metal Occupational Health and Safety and More!

**APPLICATION CHECKLIST**

**Please Ensure You Have Completed This Checklist Prior to Submitting Your Application.**

\* Incomplete Applications Will Not Be Accepted

\_\_\_\_ I have read all information related to the camp for which I am applying.

\_\_\_\_The Participant does fit the criteria for one or more camps

\_\_\_\_ I have filled in all sections of the CFBC Discover Trades Day Camp application

**Application Form**

\_\_\_\_ I have filled in all sections of the Medical Information Release Form

\_\_\_\_ I have filled in all sections of the Participant and Parent Commitment Form

\_\_\_\_ I have filled in all sections of the Program Participant Agreement Form

\_\_\_\_ I have filled in all sections of the Construction Foundation of BC Photo, Video & Audio Media

 Release Form

By signing this Form, I acknowledge I have submitted all the forms and all information is correct.

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Name or Signature of Participant Signature of Parent/Guardian

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Date

To Submit Your Application, please email the complete package (Pages 2-9) to **Lisa Scott** at lisa@cfbc.ca

Applicants will be selected and contacted to confirm their seat. Each program has 16 seats, and a waitlist will be formed if needed. Contact Lisa Scott at (250) 925-4307 or lisa@CFBC.ca if you have any questions or concerns.

**APPLICATION FORM**

**Camp Selection** - **Please Select the Camp That You Are Applying For**

**Young Women in Trades** - March 17th -20th

Participants Must Meet the Following Criteria:

\_\_\_\_ Female \_\_\_\_ 10-13 Years

**Participant Information**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Birth date (Including Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: Youth/Adult \_\_\_\_Small\_\_\_\_ Medium\_\_\_\_ Large\_\_\_\_X-Large\_\_\_\_

**Parent/Guardian Information**

Parent /Guardian (A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Phone Number (Work or Landline):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency/Additional Contacts**

Alternative Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Written Portion**

Write 1-2 paragraphs on why you would like to attend the Construction Foundation of BC Discover Trades Day Camp

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**Important Information**

* Applications MUST Be Submitted for Each Participant
* Submission DOES NOT guarantee a spot in the programs. Applicants will be selected and contacted to confirm their spot. Each program has 16 seats, and a waitlist will be formed.

**\*The Construction Foundation of BC Discover Trades Day Camp staff will only release the participant to the adults listed as Parent/Guardian, emergency contact and those authorized for pick up.**

**\*Photo ID may be required for pick up (must be 19 years of age or older). Name on this form must match government issued photo ID.**

By signing this Application Form, I acknowledge all the above information is correct.

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Signature of Participant Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**MEDICAL INFORMATION RELEASE FORM**

All information collected will only be viewed by Construction Foundation of BC Staff, Volunteers, and Medical Professionals.

Care Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ Child covered by BC Medical

Child doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require special medical attention or take daily medications? ❏ Yes ❏ No

If yes, provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*If yes, the BCTS team will contact you to create a Care Plan that will be put in place and signed by parent/guardian prior to the youth’s first day.

Does your child have difficulties, which may require some program adaptations including extra behavioral guidance?

❑ Yes ❏ No If yes, provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ALLERGIES OR DIETARY RESTRICTIONS (REQUIRED)**

Does your child have any allergies, dietary restrictions? ❏ Yes ❏ No If yes, please provide details

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❑ Mild ❏ Moderate ❏ severe ❏ Anaphylactic Treatment - comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDITIONAL INFORMATION**

Is there anything we need to know to ensure a positive camp experience for your child?

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**PARENT COMMITMENT AGREEMENT**

I understand that my child(ren) will be working with construction materials, tools, and other equipment. I have discussed with my child(ren) that it is important to be safe when working for manual and power tools.

\_\_\_\_\_\_\_\_\_ By initialing, I have read, understand, and consent to the above.

**Parent’s Commitment:** I have discussed with my child and confirm that this child agrees to participate in the full program including field trips by bus or walking, to follow safety instructions and/or refrain from behaviour that is harmful to oneself and others. I understand and support all rules set in place and understand that abusive or unsafe behavior is cause for dismissal.

\_\_\_\_\_\_\_\_\_ By initialing, I have read, understand, and consent to the above.

**Field Trips**: In permitting my child to attend Construction Foundation of BC Discover Trades Day Camps, I, the

undersigned, permit my child to participate on various field trips. These may include unscheduled, spontaneous local trips walking or through organized transportation.

\_\_\_\_\_\_\_\_\_ By initialing, I have read, understand, and consent to the above.

In permitting my child to attend Construction Foundation of BC Discover Trades Day Camps; I, the undersigned, permit my child to participate in the full range of activities and authorize the staff or volunteers, in the event of accident or illness affecting this above named child to authorize on my behalf all procedures, including transportation by ambulance, admission to hospital and necessary treatment there in, as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood the Construction Foundation BC is not responsible for medical care or ambulance costs.

\_\_\_\_\_\_\_\_\_ By initialing, I have read, understand, and consent to the above.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the Construction Foundation of BC Discover Trades Day Camps staff, volunteers, along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in Construction Foundation of BC Discover Trades Day Camps. The Construction Foundation of BC is not responsible for any lost or damaged personal items such as clothing, electronic devices.

\_\_\_\_\_\_\_\_\_ By initialing, I have read, understand, and consent to the above.

I, the undersigned, hereby certify that all the information provided is true and correct to the best of my knowledge and belief. If signing this application with an electronic signature, I acknowledge and agree that such electronic signature has the same legal effect as a written signature.

Signature of Parent /Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM PARTICIPANT AGREEMENT**

This agreement for participation Construction Foundation of BC Discover Trades Day Camps is based on the mutual understanding that all Participants intend to engage and participate fully in the program and try their best during activities. We want everyone involved to have a positive, fun, and educational week so Participants need to adhere to the following standards. These standards apply to every Participant for the entire duration of the day camp.

1. Participants are expected to use words, actions, and behaviours that are respectful, non-judgmental, and kind, towards all fellow participants, volunteers, staff, bus drivers and presenters.

2. Participants are expected to respect boundaries and personal space, both of themselves and others.

3. Participants are expected to respect the facility; keep the space tidy as others are using the space too.

4. Participants are expected to participate in the full program and are not permitted to leave the facility or program site for any reason.

5. Outside visitors are not permitted at the program other than during the celebration on the last day of the camp

6. Participants must try their best to participate fully in all program activities.

7. Participants are expected to follow the schedule of the program and arrive on time each day and be noticed time.

8. Participant must wear closed toed shoes/inside, full pants, t-shirt or long sleeve shirt, and hair tied in the shop each day of the camp. (No tank tops crop tops, shorts, dresses, sandals)

9. Participants may bring a change of clothes for activities outside the shop spaces

10. Participants must wear proper PPE that each session requires (Provided to all participants on first day)

By signing this Program Participant Agreement, I acknowledge that I will comply with these standards and all

Construction Foundation of BC programs policies applicable to my role as Participant.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s name), in my participation at the Construction Foundation of BC Discover Trades Day Camps, acknowledge that there are consequences to non-compliance with this Program Participant Agreement. Failure to comply with this agreement may result in my being sent home from the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name or Signature of Participant Signature of Parent/Guardian Date:



**PHOTO, VIDEO & AUDIO – MEDIA RELEASE FORM**

Please read the following information, fill in the requested information at the bottom of the page, sign, and date.

 The Construction Foundation of BC is requesting your permission to post photos and/or videos on the CFBC website, social media channels and/or additional publications such as our calendar, annual reports, or magazine/newsletters.

These photos and/or videos, either in its entirety or portions thereof, may be used for promotional purposes to Construction Foundation of BC, in print or in video format for broadcast or non-broadcast purposes.

1. I grant Construction Foundation of BC perpetually and exclusively the right and unrestricted permission to use video and electronic images of my child (or myself) taken (including print, film, slides, social media platforms, website, and any other electronic medium presently in existence or invented in the future) and submitted as an entry to Construction Foundation of BC.

2. I understand that all entries become property of Construction Foundation of BC and that they have the right, at any time, to re-use, publish, distribute, and display the footage shot in whole or in part without compensation.

As the parent or guardian signing the document on behalf of the youth participant, I have read this release, and I fully understand it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant Name (Please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Please print) Signature Date: