

Connect: Switch Program

Switch's mission statement is simple: ***To build life skills, self-worth, and resiliency through the sport of snowboarding.***

The Program: *Switch* is a youth development project that provides opportunities for local young people to connect with healthy adults and to learn new personal and life skills. For eight Saturdays from 11:00-3:00, adult volunteers and Snowboard Instructors accompany participants in snowboard lessons at the Hart Highlands Ski Hill. All transportation, lift passes, lessons, outerwear, and equipment is provided. While there is no financial cost for participants, there is an expectation: **to attend all session, to participate and to try and to try again.**

Weekly Themes: Each week will have a theme – an integral part of our weekly snowboard lessons. At various times throughout the day, we will visit, reflect on, and discuss the theme. All of the themes are seen as the anchor of our program. The sport of snowboarding serves as the vehicle that supports these impactful life moments or lessons. The weekly theme activity also provides an opportunity for kids to relate their on-snow experiences to different aspects or challenges they encounter in their everyday lives. The six weekly themes are:

Week One/Jan 14: Equipment fitting and meet your group Leaders

Week Two/Jan 21: Patience

Week Three/Jan 28: Persistence

Week Four/Feb 4: Courage

Week Five/Feb 11: Belonging

Week Six/Feb 18: Resilience

Week Seven/Feb 25: Mastery

Week Eight/March 4: Celebrate/return gear

Who can participate:

- Youth ages 13-18 years
- Youth that have never snowboarded before (or have only once or twice)
- Youth that are committed to attending all eight sessions
- Youth that will take care of the equipment lent to them

This program is funded through the generous contributions of the Whitmer family, Logan Whitmer Legacy Fund, and Kiwanis Prince George. For more information on Logans legacy please check out the Programs section of the Intersect website.



Date: _____ Clinician: _____

Connect: Switch Application Form

The information you provide in this form will be maintained as a confidential, secure record. Once the application is complete, please return it to the Intersect Youth & Family services office either in person, by mail, fax to 250-562-4692 or email info@intersect.bc.ca. Seats will be assigned on a first come, first service basis. Once your application has been received, you will be contacted to confirm dates and discuss the next steps if there is room in the program for you.

Personal Information

Youth's First Name _____ Youth's Last Name _____

Date of Birth (DD/MM/YYYY) _____ Age _____

Have you ever snowboarded before? No Yes: If yes, how many times? _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Relationship to Youth _____ Email Address _____

Mailing Address _____ Prince George, BC (Postal Code) _____

Primary Phone Number _____ Home Cell Work

Other Phone Number _____ Home Cell Work

Emergency Information

Emergency Contact Name _____

Relationship to Youth _____ Youths Care Card # _____

Primary Phone Number _____ Home Cell Work

Other Phone Number _____ Home Cell Work

Does your Youth have any specific medical conditions, allergies, or other concerns we should be aware of? If so, please include their reactions and required treatment.



Informed Consent - Guardian

I hereby make formal application to Intersect Youth & Family Services to have my youth participate in the Connect: Switch Snowboarding Group. It is my understanding that the intention of the Agency will match a responsible adult, (minimum 19 years old) with my Youth in a group in this self development through learning to snowboard group.

In consideration for this service and other valuable consideration provided to my Youth by Intersect Youth & Family Services, I release both the agencies of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my Youth. I permit both agencies to release any relevant information, including my personal information, to Intersect Youth & Family Services and their insurers, as may be appropriate in connection with any legal proceeding, inquiry, or risk thereof.

I authorize Intersect Youth & Family Services, in the event of accident or illness affecting my Youth, to authorize on my behalf all procedures; including admission to hospital and necessary treatment there in, as they may deem essential for the care and well-being of my Youth. Such actions are only to be taken when immediate contact with parent or emergency contact cannot be made. It is understood that Intersect Youth & Family services are not responsible for medical care or ambulance costs. _____ (Initial)

I release and discharge any and all rights and claims for damages and causes of suit or action that I or my Youth have at any time Intersect Youth & Family Services, along with their employees and agents, for any and all injuries or losses suffered by my Youth as a result of participating in Intersect Youth & Family Services Connect: Switch Program. _____ (Initial)
I understand that the collection of personal information about me or my Youth will be held in strict confidence and is to be used solely for the purposes of administering the program.

I understand that this application is the property of Intersect Youth & Family Services.

I understand that the snowboarding equipment belongs to Intersect Youth & Family Services and it is on loan to my Youth, and will be taken care of, and returned at the end of the snowboarding program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Intersect service for my Youth. I give the agency my consent to have my Youth participate in this program. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my Youth.

Signed at _____ this _____ day of _____, 20__.

Youth

Parent/Guardian



MEDIA CONSENT FORM – YOUTH

Re: _____
Name of Youth

Intersect Youth & Family Services and Intersect Youth & Family Services
(Name of Agency at which Youth is enrolled)

I hereby consent to Intersect Youth & Family Services the use of any photographs of my youth during their participation in the Switch program. I am aware these photos may be used for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion.

Signature of Parent/Guardian _____

Date _____

Confidentiality concern

Please check here if you do **not** want your picture or your Youth's picture used or if you have a safety concern.

Signature of Parent/Guardian _____

Date _____

Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.

TRANSPORTATION

Please indicate below if your Youth will require transportation provided by Intersect Youth & Family Services in regard to the Connect: Switch Snowboarding Program.

- No, my Youth does not need transportation from our home to the Hart Ski Hill provided by Intersect Youth & Family Services.
- Yes, my Youth will need transportation from our home to the Hart Ski Hill provided by Intersect Youth & Family Services.

If yes, I hereby give permission to Intersect Youth & Family Services to transport my Youth using commercially licensed shuttle transportation for the purpose of the Switch: Snowboarding Program lessons. Intersect Youth & Family Services will pick up my Youth from a designated meeting place and at a designated meeting time. Youth will be transported to the Hart Ski Hill for the duration of the lesson and then will be transported home. All details will be confirmed prior to the start of the group. Any changes to the location and/or timing must be communicated to Intersect the day before the session.

Name _____ Signature _____

Date (MM/DD/YYYY) _____

Please return the entire application package (4 pages) to the Intersect Youth & Family services office either in person, by mail, fax to 250-562-4692 or email info@intersect.bc.ca. Seats will be assigned on a first come, first service basis. Once your application has been received, you will be contacted to confirm dates and discuss the next steps if there is room in the program for you.

