



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. Volunteers and Snowboard Instructors accompany participants in snowboard lessons at the Hart Highlands Ski Hill and Purden Ski Hill. All transportation, lift passes, lessons, outerwear, and equipment will be provided.

While there is no financial cost for participants, there is an expectation: to attend all sessions, to participate in the program, and to try and try again.

Weekly Themes: Each week, a theme will guide our snowboard lessons. We'll explore and discuss this theme throughout the day, as it's the heart of our program. Snowboarding is more than a sport in our program-it's a tool for life. The weekly theme activity is a chance for young people to apply their on-snow experiences to real-life situations, helping them grow and learn. Our six weekly themes are:

Patience, Persistence, Courage, Belonging, Resilience, & Mastery

Schedule: Anticipating another inconsistent winter weather pattern, Switch will present two schedules: one beginning end of November if the snowfall arrives early; and, the second beginning in January should winter be late.

Schedule 1 [Early]	Schedule 2 [Late]
Week 1- Nov.30: Equipment Fitting (Gear Space)	Week 1- Jan.4: Equipment Fitting (Gear Space)
Week 2- Dec.7: Patience (Hart)	Week 2- Jan 11: Patience (Hart)
Week 3- Dec.14: Persistence (Hart)	Week 3- Jan.18: Persistence (Hart)
Week 4- Jan.4: Courage (Hart)	Week 4- Jan.25: Courage (Hart)
Week 5- Jan.11: Belonging (Hart)	Week 5- Feb.1: Belonging (Hart)
Week 6- Jan.18: Resilience (Hart)	Week 6- Feb.8: Resilience (Hart)
Week 7- Jan.25: Mastery (Hart)	Week 7- Feb.22: Mastery (Hart)
Week 8- Feb.1: Celebration Day (Purden)	Week 8- Mar.1: Celebration Day (Purden)



Who can participate:

- Youth ages 13-18 years old.
- Youth that have never snowboarded or skied before.
- Youth that are committed to attending all eight sessions.

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 switchprogrampg@outlook.com. 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 _____

Main Program Contact _____ 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:

GUARDIAN CONSENT

I hereby make a 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 of 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 an 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 parents 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 because 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 Signature

 Guardian Signature

MEDIA CONSENT

Youth Name: _____

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 Guardian: _____

Date: _____

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

Signature of 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 regarding 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.

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.

Guardian Signature _____

Date _____

*Please return the entire application (4 pages) to the Intersect Youth & Family services office either in person, by mail, fax (250-562-4692), or email switchprogrampg@outlook.com.

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.

If you have any questions or concerns about the program or its application process, please contact **Levi Black-Amstutz** at Intersect Youth and Family Services **lblackamstutz@intersect.bc.ca** or **(250)-617-3089**.

And as always, enjoy the ride.



The Switch program is funded through the generous contributions of the Whitmer family, Logan Whitmer Legacy Fund, Kiwanis Prince George, the City of Prince George and Canadian Tire Jumpstart.

