

SENIOR YI (Youth Interpreter)

Program — Summer 2010

APPLICATION FORM -Part 1

YOUTH INFORMATION Male ___ Female ___

Last Name: _____

First Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____

Age as of June 1, 2010: _____

Birthdate: Day ___ Month ___ Year ___

Which session would you prefer to come to the Village? (Please indicate 1st, 2nd and 3rd choice.)

Any Session is acceptable.

___ Session 1 June 12, 13, 19, 20, 26, 27, July 3, 4, 5

___ Session 2 July 10, 11, 12, 17, 18, 19, 24, 25, 26

___ Session 3 July 31, Aug 1, 2, 7, 8, 9, 14, 15, 16

___ Session 4 Aug 21, 22, 23, 28, 29, 30, Sept 4, 5, 6

___ Session 5 Sept 11, 12, 18, 19, 25, 26, Oct 2, 3

Please provide the following:

1. In a few sentences, please describe what specific historical and/or interpretive skills you are most interested in developing.

response attached

2. In a paragraph or two, please describe your leadership experiences, skills and abilities, and explain how these might help you take the Senior YI challenge.

response attached

OTHER IMPORTANT INFO

Youth's Health Card No: _____

Allergies: _____

Other Medical Conditions or medication: _____

Please attach other information that would assist us in providing for your child's care. (More on reverse...)

APPLICATION FORM -Part 2

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Home Tel: _____

Work Tel: _____

Father's Name: _____

Home Tel: _____

Work Tel: _____

Email: _____

EMERGENCY CONTACT PERSON

Name: _____

Home Tel: _____

Work Tel: _____

Person(s) authorized to pick up my son/daughter:

Name: _____

Name: _____

WAIVER OF LIABILITY

In permitting my child to attend the Senior YI (Youth Interpreter) Program operated by Upper Canada Village, I provide permission for my child to participate in a full range of program activities, unless I notify you otherwise in writing. I authorize the Program Director, or his/her designate, in the event of accident or illness affecting my child, to authorize all procedures and related expenses, including admission to hospital and necessary treatment as deemed necessary for the care and well being of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, Upper Canada Village will not be held responsible for any accident or illness to my child. I also understand and agree that any pictures taken during the program may be used for promotion of Upper Canada Village. I waive any right to compensation and/or the right to inspect or approve the finished picture or printed material.

As legal guardian, I authorize the above named person(s) to pick up my child from the Program. I also declare that I have read and understood, and consent to the Waiver of Liability above.

Signature: _____

Date: _____