

# Cooperative Youth Farm Summer 2020 Application

Name of Youth Applicant: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Cell number (optional): \_\_\_\_\_ You can [ ] Text [ ] Call me

Email Address (optional): \_\_\_\_\_ **YES!** Sign me up for Neighbourhood updates: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell/Alternate Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ **YES!** Sign me up for Neighbourhood updates: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

*Please note that **the Emergency Contact must be someone other than the participant's parent(s) or legal guardian(s).** In the event of an emergency or program cancellation, the person named above will be contacted only if we have been unable to reach the participant's parent(s) or legal guardian(s)*

1. Does the applicant youth have any known allergies (food, drug, environmental) or any dietary restrictions? [ ] Yes [ ] No

If yes, please list: \_\_\_\_\_

2. Is the youth applicant currently taking any medication on an ongoing basis or does he/she carry any emergency medication? [ ] Yes [ ] No

If yes, please list: \_\_\_\_\_

3. We want *your* teen to have a fun and safe Young Urban Farmer experience. To help us we would like to know if the youth applicant has any special needs or physical limitations that staff should be aware of? [ ] Yes [ ] No

If yes, please comment: \_\_\_\_\_

4. The Young Farmers is a gardening experience for youth 13-17 years of age. Please let us know what you would like to do [check as many as apply]:

[ ] I want to volunteer so I can and earn High School Community Service Hours

[ ] I would like to earn a High School Credit

[ ] I would like to be a Member Owner that makes business decisions and plans and shares in the \$ proceeds

\* Member Owners will participate in regular Co-op Business organizational meetings

5. Please mark [ X ] in the calendar below on the days when the applicant will **not** be able to attend the Cooperative Youth Farm program due to other commitments, family holidays, etc.

**JULY 2020**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
29	30	1 CLOSED for Canada Day	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**AUGUST 2020**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3 CLOSED for long weekend	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

**By signing below, I agree to the following:**

I hereby allow my youth's first name and photograph to be posted/displayed in the program facility, Neighbourhood website, Social Media, and to be released to the media for the purpose of program publicity. YES [ ] NO [ ]

I hereby authorize program staff to administer emergency first-aid and seek medical treatment or hospital care in the event that a serious injury or illness is incurred while under their care and agree to cover any resulting expenses.

I understand that any agents, employees, members, and directors of the West Village Community Development Cooperative are not responsible for the loss or damage of any participant's personal property nor are they responsible for any injuries incurred during program activities.

I understand that program staff and volunteers are not responsible for my child prior to their arrival at the Young Urban Farmer program and after their departure from program.

I understand that all Staff reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have consistently rejected the reasonable behavioral expectations of the program. I also understand all participants are bound to the Code of Conduct, and the steps which Staff will take if behavioral challenges persist.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the West Willow Woods Neighbourhood Group programs. At no time will your personal information be disclosed without your express written consent.*

*If you have any questions you may contact the West Village Community Development Coop, (519) 826 9930 or by email at [info@westwillowvillage.ca](mailto:info@westwillowvillage.ca)*