

2009 Outdoor Adventure for Youth (OAPY) Application

PERSONAL INFORMATION

Name:		
Date of birth:	Gender ^(please circle) : Male Female	Phone:
Age:	Email Address:	
Current address:		Fax:
City:	Province/State:	Postal Code/Zip Code:
Program Dates July 1 – 26 (includes one week at an Esperanza Teen Camp)		

PARENT'S INFORMATION

Parent(s) Name(s) or Guardian:		
Address (if different than above):		Phone:
City:	Province/State:	Work Phone:
Postal Code/Zip Code:	Parent's Email:	

EMERGENCY CONTACT

Name of a relative or close family friend not residing with you:		
Address:	City:	Phone:
Province/State:	Postal Code/Zip Code:	Alternate Phone:
Relationship:		

MEDICAL INFORMATION

BC Care Card or Medical Insurance #:	
Family Doctor:	Phone:
Allergies (please list <i>all</i>):	
Do you have any physical or mental health concerns that would inhibit physical activity or participation in the OAPY program? If so, please describe:	
Please list any medications you will be bringing with you and purpose for use:	

Do you have a current tetanus shot? (please circle) **Yes** **No** *Tetanus shots are given in grade 9, and if you are entering grade 9 this year, you can receive yours now at most health clinics free of charge. Having a valid tetanus shot is *highly* recommended as we are spending all of our time in the wilderness.

Parent or guardian: Please note, if circumstances deem necessary, the following medications may be provided to your child:
 Acetaminophen (Tylenol) Ibuprofen (Advil) Anti-histamines Cold/Flu Medications
 Nurses are available at scheduled times in Tahsis for serious illness/injury assessment. If your child is unable to accept any of these medications, please discuss here:

PAYMENT INFORMATION

<input type="checkbox"/> Fee Included <i>or</i> <input type="checkbox"/> Fee will be paid upon arrival <i>or</i> <input type="checkbox"/> Fee to be paid by (person, organization, band, etc.):
Checks can be made out to Esperanza. Fees due by first day of program. Program fees are \$600.00.

SIGNATURES

I understand that the OAPY program is an adventure-filled program that will be both challenging and rewarding. As well, I acknowledge that it is an alcohol, drug, and smoke free environment and that I will be sent home at my own expense if I am found with any of these substances.

Signature of applicant:	Date:
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