



ann davis transition society

S.T.A.R. APPLICATION FORM:

Summer Training and Recreation Program 2021 (Ages 13-17)

The STAR program will deliver workshops and assign projects on covered topics, with the youth benefitting by skill building, earning a Letter of Reference, Certificate of Completion, and stipend for fully participating.

Commitment required is 4 hours a day for 5 days consecutively.

Please note that due to COVID-19, the program will be facilitated online and participants will need access to computer with audio and video capabilities.

Dates: July 12-16, July 26-30, or August 23-27 (circle desired session)

<u>Participant's Name</u>	<u>Age</u>	<u>Birth Date</u>
_____	_____	_____
<u>Participant's Email Address</u>	<u>Participant's Phone Number</u>	
_____	_____	
What areas of the program are the youth most interested in? (check all that apply)		
<input type="checkbox"/> Resume Building	<input type="checkbox"/> Employment Skills	
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Financial Literacy	
<input type="checkbox"/> Healthy Communication	<input type="checkbox"/> Health and Fitness	
<input type="checkbox"/> Interview Practice	<input type="checkbox"/> College/University Info	
<input type="checkbox"/> Workplace Etiquette	<input type="checkbox"/> Healthy Relationships	

Referred By: _____	Relationship to Youth: _____
Phone: _____	Email: _____

Parent/Legal Guardian Contact Information:	
Name: _____	Email: _____
Address: _____	Postal Code: _____
Phone: (home) _____	(cell) _____

Other important information (e.g. medical info, allergies, special needs, etc): _____
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Please send completed forms (Attn: STAR Program) to:
Email: twebb@anndavis.org
For more info, call: 604-792-2760 or visit www.anndavis.org
Please note that incomplete applications will not be considered.



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Please note that application does not guarantee participation-thank you for your understanding.

Activity Waiver & Release

This Activity Waiver & Release (this "Agreement") is dated _____, and is between:

_____ (the "Participant"),

_____ the Parent(s) or Guardian(s) of the Participant,

and Ann Davis Transition Society (the "Activity Provider").

The Participant and the Activity Provider (collectively, the "Parties") agree as follows:

1. **Consideration** The Participant being **not** of lawful age and in consideration of being permitted to participate in the activity described below, the Participant's Parent(s), Guardian (s), releases and forever discharges the Ann Davis Transition Society, its owners, directors, officers, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and not withstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Activity Provider.
2. **The Participant/Parent understands** it would not be permitted to participate in the activity described below unless this Agreement has been signed.
3. **Details of Activity** The Participant will participate in the following activity:
Please see attached Application Form
4. **The Participant/Parent understands** that by signing this Agreement, the Participant/Parent agrees to be forever prevented from suing or otherwise claiming against the Ann Davis Transition Society for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity.
5. **This Agreement contains** the entire agreement between the Parties and the terms of this Agreement are contractual and not a mere recital.
6. **Emergency Contact**

Emergency contact name: _____ Relationship to child: _____

Emergency contact phone number: _____

I, _____ (print parent/guardian's name)

_____ (signature of parent/guardian)

CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND THE CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND EXECUTE THIS RELEASE ON BEHALF OF MY CHILD _____ (print child's name).

I _____ HEREBY GIVE PERMISSION TO THE ANN DAVIS TRANSITION SOCIETY TO HAVE MY CHILD PARTAKE IN PHOTO/VIDEO PRODUCTIONS TO PROMOTE THIS PROGRAM AND OUR SERVICES. (OPTIONAL)

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