



Office Use Only:

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The Summit Individual Membership Application 2017 - 18
\$40/YEAR FOR INDIVIDUALS

PLEASE NOTE: ALL memberships are valid from May 1st to April 30th

Name: _____ Date of Birth (D/M/Y): _____

Address: _____
Street City

_____ Postal Code Province

Phone Number: _____ Is this a Group Home? Yes No

If yes, name of agency: _____

E-Mail Address: _____

Care Card #: _____

Dr's Name: _____ Dr's Ph#: _____

Emergency Contact #1: _____ Relationship: _____

Phone Day: _____ Evening : _____ Cell: _____

Emergency Contact #2: _____ Relationship: _____

Phone Day: _____ Evening : _____ Cell: _____

Medical and personal information is only used so that we can support you and ensure your safety while accessing The Summit. Please give all information that is required to keep you safe.

PRIMARY CAREWORKER: If you will be attending The Summit with a support worker, please provide their name and phone number:

Name: _____ Phone: _____

SUPPORT WORKER CODE OF CONDUCT SUBMITTED:

WHAT IS THE NATURE OF YOUR DISABILITY: _____

MEDICAL CONDITIONS: Please list any medical conditions that could affect your participation in our programs/services. (e.g. Seizure Disorder*, Heart Condition, Diabetes, Cerebral Palsy, Allergies, Mobility Issues, Visual/Hearing Impairments or other):

***IF A SEIZURE DISORDER exists, please attach protocols.**

Are there any BEHAVIOR PROTOCOLS in place? Yes No

IF YES, please attach the protocols so that we can provide the highest quality of care and consistency. Protocol attached? Yes No

Fears, phobias or additional concerns:

MEDICAL HISTORY: Is there any other medical history that we should know about in order to provide the best support? If so, please describe.

MEDICATIONS: (Please attach an extra sheet if more space is needed)

Medication Name	Dosage & Time	Side Effects

What pharmacy do you use? _____

Completed by: _____ Signature: _____
Print name

Date completed: _____

Responsibilities of Membership

I understand that as a member of The Summit:

- ❖ I must carry my BC Medical Card and BC I.D at all times.
- ❖ I will not be allowed to participate if I do not follow the rules or act appropriately.
- ❖ It is my responsibility to let The Summit staff know if my address, medications or other health information changes
- ❖ My personal information will only be used to help staff support me and to provide the best programs. It will be kept in a locked file while I am using the centre and for one year after my membership expires.
- ❖ The Summit staff do NOT provide constant supervision. This is so that I can learn to be independent. If one on one support is needed, I will provide my own support worker.
- ❖ It is my responsibility to dress appropriately for the weather and for the daily activity.
- ❖ Although The Summit staff make every effort to keep me safe, I could still get hurt. It is my responsibility and right to choose what programs I will participate in. If I do not understand the risk involved, I will ask a staff member to explain. If I am uncomfortable, I should tell a staff member so that they can help me.
- ❖ I will not blame The Summit, North Shore ConneXions Society, or its staff if I get hurt due to an unexpected or unpredictable event.
- ❖ If I am picked up late, after my program is finished, I can be charged \$40 per hour.
- ❖ Pictures may be taken of me during programs. These may be used in promotional materials or for safety reasons with North Shore ConneXions Society. If I do not want my picture(s) used, I will tell staff and check the box on the last page.
- ❖ If The Summit staff do not feel a program is not considered a good fit for me, they will let me know and suggest other programs.

**WAIVER AND RELEASE OF LIABILITY
-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in programs at The Summit

I the undersigned acknowledge, appreciate, and agree that:

1) The risk of bodily injury from the activities involved while participating in The Summit programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS North Shore ConneXions Society their officers, officials, agents, and/or employees, other participants, sponsoring and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

(Participant or Legal Guardian's Signature)

The Summit Code of Conduct

The Summit Code of Conduct is in place to help make sure The Summit and The Summit programs are safe and enjoyable for all.

Respect:

We will treat all people with respect (nicely, not teased or bullied).

Language (our words):

We will speak respectfully to others. We will speak respectfully about others. We will use polite words and not swear, yell or threaten others.

Money:

If we bring our own spending money we will keep it in a safe and secure place. In order to avoid problems we will not loan, borrow or take money from others.

Food:

We will be responsible with our own food. We will not ask for food from others. We will not take food from others.

Belongings and equipment:

We will look after our own things. We will not take things that do not belong to us. We will handle and use all items carefully to avoid damage.

Phone calls:

If no one is available when we phone, we will leave a message. We will not keep calling back. We understand that the staff are busy running programs and they will call back when they have time.

Being on time:

I am responsible for being on time for programs; I understand that if I am late for a program I may have missed it. It is my responsibility to call ahead of time if I am going to miss a program or be late for a program.

Personal space:

We will respect each other's personal space and keep our hands to ourselves.

The Summit Annual Membership Agreement

I have been given a copy of The Summit Code of Conduct, the Responsibilities of Membership and the Waiver of Liability.

I have read these documents and understand what is expected.

I understand that if I do not follow the requirements, I may be asked to leave and may not be allowed to join The Summit programs.

By signing below, and purchasing a membership to The Summit, I agree to the conditions listed above and am aware of the risks involved with accessing the centre and its programs.

This letter must be signed before I can participate in The Summit programs and services. A parent or guardian must sign this form if the applicant is under 19. If the member is 19 and over and has a Representation Agreement or Committee, his/her Representative must sign.

The Waiver of Liability has been signed (page 5)

I DO NOT want my photo taken

Name: _____
Print name

Signature: _____

Date: _____

Name of Witness: _____
Print name

Signature of Witness: _____