



Office Use Only:
Member #

The Summit Individual Membership Application 2014 - 15

\$40/YEAR FOR INDIVIDUALS

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

Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov. _____

Postal Code: _____ Phone Number: () _____ Is this a Group Home? _____

E-Mail Address: _____

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

Emergency Contact #1: _____ Relationship: _____

Day Time Phone: _____ Evening Phone: _____ Cell: _____

Emergency Contact #2: _____ Relationship: _____

Day Time Phone: _____ Evening Phone: _____ Cell: _____

How would you like to receive your leisure guide? (please check one):

By mail: Pick up: Email: View online(www.nsconnexions.org):

How would you like to register for programs? (please check one):

In Person: By phone: Online: Fax:

Medical and personal information is only used so that we can support you and ensure your safety while accessing The Summit. Please feel free to give as much or as little information as you feel comfortable with. The only requirement is that you sign the risk acceptance letter.

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

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? _____

Tell us what programs or services you would like us to offer by completing a Feedback Form.

Date Completed: _____

Risk Acceptance Form

This letter must be signed (**on pg. 5**) 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 over 19, but unable to understand the form, someone who has power of attorney must sign on their behalf.

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 behave 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 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. If I do not want my picture(s) used, I will tell a staff member.
- ❖ I understand that some programs are partially funded by Community Living BC(CLBC), and therefore, The Summit and North Shore ConneXions Society has a contractual obligation to report registration and participation information from this program to CLBC.

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.

The Summit Annual Membership Agreement

I have been given a copy of The Summit Code of Conduct.

I have gone over it and understand what is expected.

I agree to follow the Code of Conduct while at The Summit or when I am involved in The Summit programs.

I understand that if I do not follow the Code of Conduct 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.

Name: _____
Print name

Signature: _____

Date: _____

Name of Witness: _____
Print name

Signature of Witness: _____