



Youth Legal Information Form - CANADA
*Appointment of Temporary Guardian for Travel and
 Overnight Programme Registration (YLIF-CAN)*

FOR CANADIAN PROGRAMMES ONLY

This form assigns temporary guardianship for travel and overnight programmes, and is for **youth participants under the age of 19** at the time of departure for the CISV programme. As this form is used for a range of activities (cookie-a-thons, minicamps, NBM, SBTf, National Camp, etc.), some sections may not apply. This form is NOT for use for international programmes whether held in or outside Canada.

The Adult Leader/Chaperone (if applicable) or the Participant must carry the signed original to the CISV programme. A scanned copy is retained by the participant's home CISV Chapter.

"CISV" includes CISV Canada and its Chapters, together with all leaders, staff, volunteers, employees, and members.

CISV Programme (e.g. NBM, ABC Minicamp)		Activity Starting Date & Time	
Host Chapter (or CISV Canada)		Activity Ending Date & Time	
Name of Adult Leader/Chaperone		Leader/Chaperone's cell	

Participant Name		Preferred Name	
Email Address		Date of Birth (d/m/yy)	Gender

Are you a member of CISV? (Y/N)		Chapter		Add to chapter email list? (Y/N)	
If not, have you attended other CISV activities this year?					

Parent or Legal Guardian (Full Name)			
Number & Street			
City & Province	Postal Code		
Home Telephone			
Cell Number 1	Cell Number 2		
Email Address/es			
Emergency Contact <i>during</i> the activity (other than parent/guardian):			
Home Telephone			
Cell Number 1	Cell Number 2		

Part 1: Authorization

Youth may be traveling alone in certain circumstances: if they are of appropriate age or if they are travelling to meet their delegation/leader, based in another Canadian city. Please check one of the following:

A)	For Participant to travel with a designated Adult
I give permission for my child to travel to and from the CISV Activity with the designated Adult named above.	
B)	For Participant to travel without a designated Adult
I give permission for my child to travel alone to and from the CISV Activity/Programme.	
C)	Not Applicable

Other adults authorized to pick up your child:	
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NOTE: Youth will ONLY be released to parent/guardian or those named above.

Part 2: Appointment of Temporary Guardian and Health & Consent for Medical Treatment

I hereby appoint the Adult Leader/Chaperone named above (if applicable) as a Temporary Guardian of the Participant.

I authorize CISV personnel (Leader/Chaperone, Programme Staff or Host Family) to provide consent for medical treatment on behalf of the Participant if emergency care is required.

FROM (d/m/yy)		TO (d/m/yy)	
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Name of Province & Health Card Number	
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Health Information (provide **specific information**: medication dosage and administration; allergies & severity; etc.)

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Dietary Information (Vegetarian? Celiac? Please include allergies or strict limitations only, not *preferences*)

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Other information that you would like to share with the organizers/leaders/staff in order to ensure a positive experience

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Note: All information will be taken into consideration however, due to site or other constraints certain accommodations may not be possible. Organizers will discuss with Participant.

Part 3: Legal Release & Responsibility to Pay for Damage

I understand the nature of the CISV Programme noted above and consider my child to be capable of taking part in it. I understand my child will be participating in activities and discussions that may include, but are not limited to topics of racism, equality, human rights, gender discrimination, and social justice. These activities are facilitated without bias but may be emotionally intense.

I agree not to make a claim or file a lawsuit against CISV if my child is injured while participating in this CISV Programme, *unless there has been gross negligence on the part of CISV.*

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules. If my child engages in inappropriate behaviour s/he may be sent home before the end of the Programme at CISV's discretion. *I agree to collect my child from camp or to have my child sent home, at CISV's discretion by method deemed appropriate by CISV, and to be responsible for costs associated with such trip.*

I also agree to pay for any damage or injury caused by my child.

Part 4: Health Form

If the programme is **more than seven nights** in length, I understand I must provide a properly completed CISV International Health Form (HF). The HF is to be completed by the Parent or Legal Guardian of the Participant; completion by a physician is not required.

Part 5: Membership

I understand that as part of participation in the above Programme, the Participant is an Individual Activity Member in CISV Canada. I agree that CISV will keep a record of the Participant's name and contact details, will use this information for internal administration of membership and participation and may contact the Participant.

Part 6: Permission to Use of Images, Video, or Written Work

I agree that CISV may use and publish photographs, video, or written work created as part of participation in the CISV Programme for use in the production of educational or promotional materials including web pages and Facebook pages. These items may be used and published with the participant's first name (or nickname), age and nationality. Unless additional parental consent is obtained, participants will not be identified by full name. NOTE: Although CISV has a Social Media Policy, **CISV cannot control uploads by participants to sites such as YouTube, Facebook, & Twitter.**

Part 7: Permission to Swim

I give my child permission to participate in swimming and other water activities. My child's swimming ability:

Swimming Ability (<i>check one</i>)		None		Basic		Good	
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Part 8: Signatures

As proof of:

- permitting my child to travel with the designated Adult as noted in Part 1-A above, or, alone as in Part 1-B;
- appointing the Adult Leader and/or others as Temporary Guardian as noted in Part 2 above;
- accepting my obligations and the release and conditions/terms noted in Part 3 above;
- all other permissions noted in Parts 4 through 7 above

I have signed this legal document on the date stated immediately below.

Signature of Parent or Legal Guardian		
		Day / Month / Year

Part 9: National Junior Branch Code of Conduct for all PARTICIPANTS:

I, _____ have read and understand each of the following statements (please check):

- I have read, understand, and agree to respect and abide by CISV International's Info File R-7 (Behaviour and Cultural Sensitivity) standards, guidelines, and recommendations.
- I understand that drugs (including non-prescription drugs and alcohol), weapons, violent or crude behaviour or language, and sexual activity are STRICTLY prohibited at CISV activities.
- Only people who are assigned to my room/cabin/house will sleep there. In addition, I will respect and follow any additional rules set for the given activity in relation to visitors being in my room.
- I will abide by the curfew set for nighttime activities (if applicable). This means I will be in my designated sleeping area before the established time with no questions asked.
- I will exhibit respectful and reasonably quiet behavior in all areas of the site including bedrooms, hallways, elevators, public areas, and meeting rooms. In addition, I will show respect towards all hotel/site employees and CISV chaperones.
- If I wish to leave the site for any reason, I understand that I must go with and/or get the permission of my chaperone. I understand that it is important that my chaperone know where I am at all times.
- I will be on time to, attend, and fully participate in all activities throughout the entire programme.
- I will abide by any additional rules. If I break the rules I will be subject to disciplinary action, including but not limited to having my participation limited in future activities to being sent home at my family's expense, by the method deemed appropriate by CISV. I also understand my family will have to pay for any damages that I cause.

Signature of Participant		
		Day / Month / Year