



Nisga'a Lisims Government
Sayt-K'ilim-Goot
one heart, one path, one nation



**PRINCE ALBERT
GRAND COUNCIL**

Youth Applicant Personal Information

Full Name :

Date of Birth :

Community : Gender :

Address :

Guardian of Applicant Information

Full Name :

Relationship to Applicant :

Phone Number : E-Mail :

Other :

Guardian Consent Section

Please initial the following to give your consent:

- _____ The youth is permitted to travel outside of BC.
- _____ The youth will be available for both weeks: *July 9-17, 2023; & August 9-17, 2023.*
- _____ The youth has not participated in Youth Exchanges Canada program before.
Travel costs are covered by the program.

Are you interested in being a chaperone? (Please circle one)

Yes

No

- _____ You are permitted to travel outside of BC.
- _____ You need to be available for both weeks: *July 9-17, 2023; & August 9-17, 2023.*
Travel costs are covered by the program.

Guardian Consent Section cont'd

*The undersigned does hereby give permission for my child/youth, _____ youth's name
("Participant"), to participate in the Cultural Exchange Program with Prince Albert Grand
Council Youth, on the dates specified on Page 1 of this document.*

Liability Release

In consideration of Nisga'a Lisims Government allowing the Participant to participate in the Cultural Exchange Program with Prince Albert Grand Council Youth, on the dates specified, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Nisga'a Lisims Government, its directors, employees, volunteers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while participating in the Cultural Exchange Program with Prince Albert Grand Council Youth, on the dates specified.

I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in the Cultural Exchange Program with Prince Albert Grand Council Youth, on the dates specified. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Nisga'a Lisims Government for any liability sustained by said Nisga'a Lisims Government as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Medical Treatment Permission

I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anaesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Early Return Home Policy

Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Transportation Permission

The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Nisga'a Lisims Government. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES and ALL SAFETY GUIDELINES DIRECTED TO ME BY FLIGHT STAFF AND NLG STAFF WILL BE FOLLOWED during transportation and/or travel.

Youth :

Full Name : _____ *printed* Date : _____

Signature: _____ Date : _____

Parent / Guardian :

Full Name : _____ *printed* Date : _____

Signature: _____ Date : _____

Emergency Contact Section

Full Name :

Relationship to Applicant :

Phone Number : E-Mail :

Health & Care Section

Allergies :

Conditions :

Medications :

If the youth has medications they are required to take, are they trained on how to take them?

Will they require adult supervision or reminders? please write all notes here :

Doctor / Physician : Phone :

Address : Fax :

Services BC / PHN :

MSP :

NLG Section

(Internal only, please leave blank)

Approved?

Yes

No

Guardians Notified?

Yes

No

Notes :