



**Rotary District 7090**

**Student Leadership Award Program for Students High On Training**

**SLAPSHOT is for high school student leaders, 15 to 18 years**

*SLAPSHOT promotes, honors, celebrates and fosters youth leadership*

**Friday, April 28 – Sunday, April 30, 2017**

**The Adventure Learning Centre at Canterbury Hills**

509 Lions Club Road, Ancaster, Ontario, L9G 4X1

[www.adventureworks.org](http://www.adventureworks.org)

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## **STUDENT PARTICIPANT INFORMATION & APPLICATION PACKAGE**

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**NAME OF SPONSORING ROTARY CLUB:** Rotary Club of Waterdown

**CONTACT:** Rotarian Sue Collins - Applications due by 9 am March 27 - Interviews evening of March 28

**Telephone:** 905-546-7228 (cell) **Email:** scollins@bell.net

Thank you for your interest in SLAPSHOT. To apply, there are **THREE** forms (attached) for you to complete:

- ✓ ROTARY DISTRICT 7090 SLAPSHOT 2017 APPLICATION (pages 3-5)
- ✓ Adventureworks Assumption of Risk and Responsibility Form (page 6)
- ✓ Adventureworks Health and Safety Form (page 7)

***If you are under 18 years old, all forms must be signed by your parent/guardian to enable your full participation in the SLAPSHOT program.***

Please consider the following information in anticipation of your fun-filled weekend of personal & leadership development activities with 100 high school students, sponsored by Rotary District 7090 Clubs in Southern Ontario, CANADA, & Western New York State, USA – all eager to grow & learn together, just like you! FULL PROGRAM DETAILS will be provided by YOUR SPONSORING ROTARY CLUB at least 10 days in advance of the SLAPSHOT 2017 weekend.

**Attendance** – You are expected to attend all activities held Friday through Sunday.

**Promptness** – To make the most of the limited time available, please arrive on time for all leadership sessions. Talk to your cabin leader if you have any issues that prevent you from arriving at sessions on time.

**Participation** – As a valuable member of your cabin group, it's important for you to speak freely and listen attentively. All participants are expected to observe normal conversational and behavioral courtesies and respect guidelines, including curfews, as set by SLAPSHOT leaders. **Sharing your TALENTS is very much encouraged. Please bring your musical instrument(s), magic tricks, juggling balls...whatever props you need to showcase your talent.**

**Responsibility** – As a student leader, you are expected to represent your school in a responsible manner. The use of alcohol, tobacco and drugs is strictly prohibited everywhere on campus. Candidates found with such substances in their possession will be sent home immediately.

**Interruptions** – The use of smart phones and other electronic devices during leadership sessions is very distracting to all those attending such sessions. Please avoid using such devices during regular leadership sessions.

**Follow-up** – Since one of the primary objectives of SLAPSHOT is the establishment and development of **Interact Clubs** in local high schools, we are expecting you to use the leadership skills that you learn through your SLAPSHOT experience to help promote and foster the development of such clubs and activities in your school.

**Accommodation & Clothing** – You will be assigned to a cabin when you check in at Canterbury Hills. **It is highly UNLIKELY that you will be sharing a cabin with another student from your high school.** Cabins are well-equipped with bunk beds, mattresses, showers, etc. Bring your own bedding and comfortable clothing! For your **Adventureworks high ropes session**, you must be equipped with **closed toe running shoes, shirts with sleeves to cover your shoulders, long pants or sweats.**

### **SPECIAL NOTICE TO U.S. CITIZENS**

**To travel to and from Canada, remember to bring your U.S. PASSPORT! If a student (18 years or under) does not have a U.S. passport, an original or copy of his or her birth certificate, a Consular Report of Birth Abroad, or a Naturalization Certificate, along with a valid PHOTO ID (State Photo Driver License or State Photo ID Card or School ID Card ) is required.**

**Rotary District 7090 SLAPSHOT – April 28-30, 2017**  
**PARTICIPANT INFORMATION & APPLICATION PACKAGE**

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# ROTARY DISTRICT 7090 SLAPSHOT 2017

## STUDENT PARTICIPANT APPLICATION FORM

Please complete this form along with the Adventureworks! **Health and Safety Form** and **Assumption of Risk and Responsibility Form** and submit all **THREE** forms to:

**APPLICATION DEADLINE:** \_\_\_\_\_

Note that you must be 15, 16, 17 or 18 years old, as of April 22, 2017, and able to attend the full SLAPSHOT 2017 weekend program...

**Friday, April 28 (6:00pm) - Sunday, April 30 (1:00pm)**

**The Adventure Learning Centre at Canterbury Hills, Ancaster, Ontario, CANADA**

[www.adventureworks.org](http://www.adventureworks.org)

You will be staying at the Centre for the duration of the program and must be  
**FREE OF ANY OTHER COMMITMENTS.**

### Section 1: PERSONAL INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name(s)</b>
	<b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>	
<b>Date of Birth</b>		<b>Nick Name</b>
<b>Street Address</b>		
<b>Town/City</b>	<b>State/Province</b>	<b>Zip/Postal Code</b>
<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail</b>
<b>Name of Person to be Contacted in an EMERGENCY</b>		
<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail</b>

## Section 2: ACADEMIC RECORD

What grade are you in at school?

What is the name of your school?

In what town/city is your school located?

## Section 3: SCHOOL ACTIVITIES & AWARDS

Do you have an Interact Club at your school?

YES ☐

NO ☐

DON'T KNOW ☐

If YES, are you a member of your Interact Club?

YES ☐

NO ☐

In what clubs, sports teams and other extra-curricular activities are you involved at school?

Describe any leadership roles that you have at school...

List any school awards (academic, sports, leadership, etc.) that you have received...

#### Section 4: VOLUNTEER ACTIVITIES

Do you volunteer in your community and/or at your church?

YES ☐

NO ☐

If YES, describe your involvement as a volunteer...

#### Section 5: WORK EXPERIENCE

Are you currently employed? Or, have you ever been employed?

YES ☐

NO ☐

If YES, describe your job experience(s)...

#### Section 6: FOOD ALLERGIES/DIETARY REQUIREMENTS

Do you have any food allergies or special dietary needs?

YES ☐

NO ☐

If YES, please provide details...

#### Section 7: APPLICANT'S SIGN-OFF

I hereby waive all claims against Rotary District 7090, Canterbury Hills, volunteers, and any other personnel for any injury or loss to person or property I might suffer as a result of participation in this event. I give permission for medical release should I be involved in any accident or health-damaging situations, and require medical treatment.

<b>Applicant's Signature</b>	<b>Date</b>
<b>If applicant is under the age of 18, sign-off by the applicant's parent/guardian is required...</b>	
<b>Name of Parent/Guardian (please print)</b>	<b>Signature of Parent/Guardian</b>

102 Plaza Drive  
Dundas, Ontario, L9H 4H0  
Phone: (905) 304-5683  
Fax: (905) 304-0386  
Email: [info@adventureworks.org](mailto:info@adventureworks.org)  
Website: [www.adventureworks.org](http://www.adventureworks.org)



## **Health and Safety Form**

Adventureworks! is committed to delivering unique and exciting learning experiences that lead to positive growth and development in all individuals, groups, organizations and communities. Because of the physical nature of our programs, and because most programs take place in the outdoors, all participants are required to provide accurate health and medical information. In cases where there is some concern about one's ability to participate for health reasons, a medical examination by a physician may be advisable. Please note that Adventureworks! is not liable for any costs incurred during such an examination. All health information will be held in the strictest confidence and not given to a third party.

### **Please complete all sections:**

Name of Group: **Rotary District 7090 SLAPSHOT**

Date of Program: **April 29, 2017**

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Hospital Insurance Plan # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Please list any disabilities, special needs, recent injuries, illnesses or operations and any subsequent limitations

Please list any medications, prescribed or otherwise, currently being taken (**Please bring EpiPen(s) if required**)

Please list any allergic reactions to medications, food or environmental factors:

Allergy	Reaction	Treatment	Epi Pen Required?	
			No	Yes
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any previous emergency treatment (injection, doctor, emergency room, hospital) in detail:

### **Authorization for Seeking Treatment of Minors**

In the event of accident or apparent illness, I irrevocably authorize Adventureworks staff to secure emergency medical services and treatment for this participant if, in their judgment, such services or treatment are necessary. I understand that in the event of a medical emergency every effort will be made to contact parents or guardians.

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Rotary District 7090 SLAPSHOT – April 28-30, 2017**  
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102 Plaza Drive, Box 63012  
Dundas, Ontario, L9H 4H0  
Phone: (905) 304-5683  
Fax: (905) 304-0386  
Email: [info@adventureworks.org](mailto:info@adventureworks.org)  
Website: [www.adventureworks.org](http://www.adventureworks.org)



## Assumption of Risk and Responsibility Form

Adventureworks! programs can utilize activities which require a high level of physical activity. As a participant, you may be involved in activities such as: cooperative games, trust exercises, group initiative tasks, low and high ropes course, and rock climbing. Adventureworks! utilizes an "I-Opt" design philosophy in all of its programs. This means that Adventureworks! staff will provide a variety of mentally and physically challenging activities and that you will be empowered to make choices about your own level of involvement. Adventureworks! is committed to ensuring your safety at all times. Our staff will provide you with safe instruction, high quality equipment, and appropriate supervision for all activities. You must do your part by following all safety policies and procedures that are outlined during the course of the program. In order to protect you from harm you will be spotted in all "low ropes" activities, and protected by a "belay" system while involved in all high ropes and rock climbing activities.

**Participant Name:** \_\_\_\_\_ **Group Name:** Rotary District 7090 SLAPSHOT

### Participants (and parent/guardian if under 18) must read and initial all of the following statements:

<u>Participant</u> <u>Initials</u>	<u>Parent/Guardian</u> <u>Initials</u>
eg. <u>AW</u>	<u>RW</u>

- |       |       |   |
|-------|-------|---|
| _____ | _____ | I agree NOT to use illegal drugs or alcohol at any time during an Adventureworks! program.  |
| _____ | _____ | I accept the fact that neither Adventureworks! nor its staff can guarantee my total safety because some risks are beyond their control. |
| _____ | _____ | I agree to follow all instructions given by the staff and to act safely and responsibly at all times.                                   |
| _____ | _____ | I am sufficiently fit (socially, mentally, physically) to participate in this program.  |
| _____ | _____ | I have completed the Health & Safety Form with information that is accurate, complete and true to the best of my knowledge.             |
| _____ | _____ | I agree to notify Adventureworks! of changes to my health and fitness that occur during the program.                                    |
| _____ | _____ | I fully comprehend and willingly assume the risks and responsibilities of participation in this program.                                |

I/we have read the above information, and agree to the terms of the Assumption of Risk and Responsibility.

**PARTICIPANT Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN Signature** (if under 18): \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Photo Release:** Occasionally Adventureworks! will take photos for use in promotional materials. I give permission for photographs or videotapes of me (or my child) to be used by Adventureworks! for promotional purposes.

**Participant Initials** \_\_\_\_\_ **Parent/Guardian Initials** \_\_\_\_\_