



ann davis transition society

# Ann Davis Transition Society

Ann Davis Transition House • Ann Davis Services  
9046 Young Road, Chilliwack, BC, V2P 4R6

## S.T.A.R. Application Form:

### Summer Training and Recreation Program 2017 (Ages 14-17)

Participant's Name	Age	Birth Date	Phone Number
_____	_____	_____	_____
Why Does the Youth Want to Participate in S.T.A.R?			
_____			

### Dates: July 11-27 or August 8-24 (please circle one session)

Applicants will be contacted for a mandatory interview/information meeting (to be held with the guardian present) prior to the program's start. Please note that due to space limitations we are unable to accommodate all those that apply.

Referred By: _____	Relationship to Youth: _____
Phone: _____	Email: _____

Parent/Legal Guardian Information:	
Name: _____	Email: _____
Address: _____	Postal code: _____
Phone: (home) _____	(work) _____ (cell) _____
Emergency Contact Name: _____	Phone _____

Medical Information: <b>(Please note we are not able to administer medications.)</b>
Family Doctor: _____ Phone: _____ Care Card# _____
If applicable describe any medical issues we need to be aware of: (allergies, medications, etc.)
_____

Other Pertinent Information: _____
_____
_____

Please send completed forms via:  
Fax: Attention STAR Program 604-792-2875 or  
Email: [igazdar@anndavis.org](mailto:igazdar@anndavis.org) or [twebb@anndavis.org](mailto:twebb@anndavis.org)  
For more info, call: 604-792-2760 or visit [www.anndavis.org](http://www.anndavis.org)



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## **ACKNOWLEDGEMENT AND RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

I, the parent/legal guardian of the child named in this document, understand that placement in this program is based on an interview and determination of an appropriate fit of the child for the program. I understand that there are a limited number of spaces available in this program and application to the program does not necessarily mean acceptance.

By signing this Agreement you give up the right to sue for any injury or damages howsoever caused.

I further acknowledge that there may be an element of risk and/or possible injury associated with the child's participation in the program. I hereby waive, release and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the Ann Davis Transition Society and/or its employees, board members, directors or volunteers, for personal injury or property damage or any other loss sustained by the child as a result of that child's participation in this program, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care by Ann Davis Transition Society and/or its employees, board members, directors or volunteers.

I understand that while participating in this program, my child may be photographed. I agree to allow that photo, video or film likeness to be used for any legitimate purpose by the Ann Davis Transition Society, its producers, sponsors, organizers or assigns, in order to promote the program.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND IT'S CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND EXECUTE THIS RELEASE ON BEHALF OF THE CHILD.**

Signature (Parent/ Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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For more info, call: 604-792-2760 or visit [www.anndavis.org](http://www.anndavis.org)