

CYL Online Application Information Checklist

These are the questions that will be asked of each CYL applicant during the online application process. Please review the sections below, and have all information handy to answer these questions **BEFORE going online**. If you leave your computer and search for answers to some of the questions while in the middle of your application, your session may time-out.

Please do not fill out and return this form. You must apply to CYL online. All applications are reviewed by CYL staff, who will contact you if any information is incomplete or incorrect information. *Note that any missing information will delay the processing of your application. We cannot reserve a spot for you in CYL until your application is complete.*

1. PARTICIPANT INFORMATION

Participant Name	Family E-mail (family or parent's email)
Mailing address	Parent or guardian name
City	Parent or guardian phone
Postal Code	Emergency Contact (not parent)
Home Phone	Emergency Contact Phone
Participant E-mail (CYL-er's personal email)	Requested CYL session and date

2. MEDICAL INFORMATION

Date of Birth	Name of Family Physician	
Gender	Physician's Phone	
Health Card Number	Physician's Address	
a) List any significant operations, accidents, illnesses, as well as the cause of the last medical attention.		
b) Are you taking any medications regularly? If so, what?		
c) Do you have any physical restrictions requiring special consideration? If so, what are they?		
d) Do you have any special dietary needs as a result of a health condition or religious reasons? If so, what are they?		
e) Do you have allergic reactions to any of the following? If so, what is the reaction?		
Penicillin	Other Medicines	Food
Other Antibiotics	Insect Bites/Stings	Other
f) Have you had or are you presently experiencing:		
Allergies	Diabetes	Mental/emotional problems
Asthma	Epilepsy	Neck pain or injuries
Attention Deficit Disorder	Heart Disease	Obsessive Compulsive Disorder
Back pain or injury	Hernia	Seizures
Blackouts	High Blood Pressure	Rheumatic fever
Bleeding disorder	Joint injury/surgery	Tourette's Syndrome
Cancer	Kidney disease	Tuberculosis
Colitis	Menstrual difficulties	Ulcer

3. CO-OP OR CREDIT UNION SPONSOR INFORMATION

Organization Name (e.g. XYZ Credit Union)	Postal Code
Branch (if applicable)	Contact Person Name
Street Name and Number	Contact person's phone and extension
City	Contact person's e-mail

You will be asked to confirm that you understand the obligations to your sponsor as outlined below:

- I have discussed this CYL application with the sponsoring organization noted above and confirmed their acceptance of my sponsorship.
- I will bring general information about my sponsor to camp, to be used to tell others about my sponsor.
- I acknowledge that, as part of partially funding my attendance at CYL, my sponsor may have additional requirements for me before or after my week at Co-operative Young Leaders camp.
- In addition to any sponsor application form or process undertaken, participants must submit a fully-completed On Co-op application form to be considered for CYL.

4. PAYMENT INFORMATION

Participants may pay the participant contribution fee (\$200 + \$26 HST = \$226.00) during the online registration process (by VISA or MasterCard) or may mail a cheque directly to On Co-op separately. If paying by credit card, we will require the card number, expiry date, name on the card and the CV2 security number.

Your application cannot be processed, nor a spot in your preferred session reserved, until the participant portion of the payment has been received by On Co-op. (In some circumstances, the sponsor may remit the participant fee; however – as noted above - your application will not be processed until the participant fee has been received.)

5. ACKNOWLEDGEMENTS

You will be asked for yes/no answers to the following four questions. If you are uncomfortable answering Yes for items A-C below, please contact Kerr Smith at On Co-op prior to beginning the online registration.

ksmith@ontario.coop or 1.888.745.5521 x29

A) **Contact information**

I grant permission for my basic contact information to be shared with CYL participants subject to On Co-op privacy policies.

B) **Photo release**

I grant permission for the use of any statements made, or images, pictures or movies taken of me during CYL or related activities to be used for the promotion of CYL, youth involvement, On Co-op or Ontario co-operatives.

C) **Reduced paper option**

A participant Information and Welcome package will be sent electronically approximately two weeks prior to your session. It may include waivers and other documents that must be signed and brought with the participant on their first day of camp. The parent/guardian (or participant if over 18) must check below to indicate how you would like to receive this information.

Yes, I would like to receive an **electronic** Package sent to the family email address as noted on the application form. **I understand that I must print, sign and bring any forms included in the Welcome Package with me to camp.**

No, instead I would like to receive a **printed** Welcome Package, mailed to the postal address as noted on the application form. **I understand that I must sign and bring any forms included in the Welcome Package with me to camp.**

D) **T-shirt option**

The registration fee includes a CYL T-shirt, which participants may decline.

Yes, I would like a CYL T-shirt. Unisex sizes. S M L XL XXL

No, I do not require a T-shirt. Please donate the funds to CYL programs.

6. YOU WILL BE REQUIRED TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE FOLLOWING:

a) **Code of Conduct:**

I have read the CYL Code of Conduct and the CYL Core Rules and agree to participate within these boundaries while in attendance at Ontario Co-operative Association activities. I further understand that any violation of the CYL Code of Conduct may be cause for dismissal from the activity/ program. The Code of Conduct and Core Rules can be viewed online at www.ontario.coop/cyl and will also be included in the Welcome and Information package.

b) Waiver:

- i. I/We the undersigned, am/are the participant (when of legal age) and/ or the parent(s) and/ or guardian(s) of the above named participant.
- ii. In consideration of the Ontario Co-operative Association providing a program called Co-operative Young Leaders Ontario (CYL) for the participant during the time period specified above and in consideration of the sponsor providing partial funding for the program and in some cases providing transportation to and from the CYL Program, I/We the above named participant/parent(s) and/or guardian(s) of the participant hereby release and forever discharge the Ontario Co-operative Association and the sponsor from any and all claims, demands, damages or causes of action arising in any way as a result of the participant being provided the transportation, lodging, meals and activities of the Ontario Co-operative Association or the sponsor or any of their servants, agents, administrators or assigns of any third party.
- iii. Further, in consideration of the participant using the transportation, lodging and food, I/We do hereby covenant and agree to indemnify and save harmless the Ontario Co-operative Association and the sponsor, their administrators and assigns from all actions, damages, debts, accounts, claims and demands which may hereafter be brought against them by or on behalf of said participant as a result of his/her use of said transportation, lodging, meals and activities or on behalf of any third party as a result of our child's participation in the CYL program or his/her actions during any part of the CYL program.

c) Accuracy of medical information:

This medical information is current at time of application submission. Applicant (if 18+) or parent/guardian is responsible to inform Ontario Co-operative Association of any changes to the applicant's medical history between time of application and actual attendance at camp.

7. ADDITIONAL INFORMATION

- All applicants will be contacted directly by the Ontario Co-operative Association within ten days. On Co-op reserves the right not to accept any applicant even if qualified by a sponsoring organization.
- Applications are accepted up to two-weeks before the start of each session, subject to availability and waiting lists.
- **IMPORTANT:** Applications are processed on a first-come, first served basis and only fully completed applications received at On Co-op with the participant contribution fee enclosed will be processed.
- We strongly recommend parents and participants read the information contained at www.ontario.coop/cyl. The CYL site includes directions to the camp location, what to pack, the code of conduct, sample daily schedules and other participant information.
- An Information and Welcome Package will be sent to each participant approximately two weeks prior to your session. Contact On Co-op if you do not receive your Welcome package, as it contains important information and last-minute updates.
- **Please review all information thoroughly before submitting the online application, including session and date chosen, T-shirt size, and medical conditions.**

8. CANCELLATIONS AND CHANGES

- Refunds (less \$75 administration fee deducted from sponsor contribution) may be requested up to two (2) weeks prior to each session's start date only. Requests must be made in writing to the On Co-op Education Manager.
- A \$25 administration fee will be charged to move a registered and confirmed participant from one session to another, **AND ONLY IF SPACE ALLOWS**. This fee is to be paid by the participant.

Co-operative Young Leaders is a program of the Ontario Co-operative Association.

On Co-op: 450 Speedvale Ave W., Suite 101, Guelph Ontario N1H 7Y6 519.763.8271 Fax 519.763.7239

youth@ontario.coop www.ontario.coop/cyl