



Western Canada Youth Parliament



14TH PARLIAMENT - 21-24 MAY 2010 - WINNIPEG, MANITOBA - APPLICATION FORM

PERSONAL INFORMATION	<i>This section must be filled out in full. Your name will appear on your name tag as it is indicated here.</i>				
	First Name		Middle Name(s)		Last Name
	Permanent Address	Address		City	Prov. Postal Code
	Mailing Address	Address (if different from above, e.g. college residence)		City	Prov. Postal Code
	Home Phone Number (with area code) () -		Cellular Phone Number (with area code) () -		Date of Birth (format: 1988 Sep 22) *
Sex	Primary Email Address			* N.B.: You must be between the ages of 15-25 by May 21, 2010 to attend.	

PARENTAL CONSENT	<i>All applicants under 18 years of age as of the date of signing must have this section completed by a parent or legal guardian.</i>					
	1. I give my consent to my son/daughter/ward to attend and participate fully in the Western Canada Youth Parliament from 21-24 May 2010.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	_____ Name in full of Parent/Guardian		_____ Signature of Parent/Guardian		_____ Date	
Parent/Guardian's Daytime Phone No. () -		Parent/Guardian's Evening Phone No. () -		Parent/Guardian's Cellular Phone No. () -		

CONTACT	<i>Please list the information of someone we can contact in case of emergency.</i>				
	Alternate Contact			Relation to Applicant	
	Alternate Contact's Daytime Phone No. () -		Alternate Contact's Evening Phone No. () -		Alternate Contact's Cellular Phone No. () -

DIETARY NEEDS	<i>If the applicant has any dietary needs, please specify in this section.</i>				
	1. Please indicate <i>in detail</i> any dietary requirements the applicant has (e.g. religious restrictions, vegetarian, allergies, etc.): _____ _____				

OFFICE USE ONLY	Date rec'd: _____	Pymt rec'd from: _____	Csh Chq # _____ Web MO # _____	Rec'd by Exec: _____ (exec initial)
	Total fee due: \$200	Pymt rec'd from: _____	Csh Chq # _____ Web MO # _____	Rec'd by Exec: _____ (exec initial)
	Sponsor Name (title) _____		Amt \$ _____	Unique No. _____



Health information collected is kept in confidence by Youth Parliament of Manitoba in accordance with our privacy policies. It will be disclosed only to medical professionals and only in case of a medical emergency.

Applicant's Last Name	First Name(s)	Sex	Date of Birth (format: 1990 Sep 15)
Applicant's Physician	Physician's City of Residence	Prov.	Physician's Telephone Number () -

HEALTH INFORMATION

1. I understand that all applicants will be required to take part in the following physical activities at Youth Parliament of Manitoba's (YPM) events: walking long distances, walking on potentially slippery surfaces outdoors, and stair-climbing.

2. Does the applicant have a medical condition or problem requiring access, within 20-30 minutes, to specialist physician or general practitioners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. If a specialist physician is required, specify the type: _____

4. Is the applicant being treated or managed by a physician for any of the following:

- | | | |
|---|--------------------------|--------------------------|
| a. lung disease, chronic cough, wheezing or asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. bed wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. seizure disorders, fits, convulsions, epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. arthritis or other joint problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. foot problems that may restrict activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. any condition requiring a special diet? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. serious allergies (to bee stings or other insects, or to drugs such as penicillin)? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. any skin conditions that could restrict activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. any other medical condition not listed above, especially if it may limit activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. dental problems? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions was "yes", please give additional details in paragraph 8.

5. Is the applicant on any prescribed medication (including allergy serum, ie, Anakit or EpiPen)? Please specify, listing the type and dosing strength/intervals (attach separate sheet if necessary): _____

6. Is the applicant currently undergoing physiotherapy, counseling or therapy for any reason? Please identify/specify (attach separate sheet if necessary): _____

7. Has the applicant ever been hospitalized and/or undergone any operation? For what reason and when (attach separate sheet if necessary): _____

8. Is there anything else that you wish emergency medical personnel to be aware of? (Details on any positive response to a question under section 4. are needed; attach separate sheet if necessary) _____



HEALTH INFO. (CONT'D)

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- I certify that the information above is complete and accurate. I also certify that the applicant is healthy and in good physical condition with all the exceptions previously noted.
- I certify that a YPM representative shall be notified should the applicant develop any medical problem or condition after completion of this form.

Signature of Applicant Date Signature of Parent/Guardian Date
(if applicant under 18)

TRANSPORTATION

We may be able to provide transportation for our members to and from local airports, train stations, or bus depots.

Please note: If you do not yet have transportation arranged, you may contact the Registrar at a later date to request pick-up or drop-off. Contact information is found at the foot of page 4.

I live in the city / I have my own transportation.

I am requesting transportation (all times Central Daylight):

please pick me up on _____ at _____ at the _____ re: _____
DATE TIME AIRPORT / BUS / TRAIN STATION FLT / BUS / TRN NUMBER

please drop me off on _____ at _____ at the _____ re: _____
DATE TIME AIRPORT / BUS / TRAIN STATION FLT / BUS / TRN NUMBER

QUALITY IMPROVEMENT

Information collected in this section helps us improve the quality of our program.

- How did you learn about Western Canada Youth Parliament? (select all that apply)

<input type="checkbox"/> School teacher/counsellor	<input type="checkbox"/> A youth parliament's website	<input type="checkbox"/> Parents or family
<input type="checkbox"/> Classroom presentation	<input type="checkbox"/> Internet - other: _____	<input type="checkbox"/> Friend: _____
<input type="checkbox"/> Poster	<input type="checkbox"/> Media (TV, newspaper, etc)	<input type="checkbox"/> Other: _____
- Have you previously attended any session of youth parliament?

	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are you comfortable conversing in French?

<input type="checkbox"/>	<input type="checkbox"/>
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INJURY/DAMAGE WAIVER	<i>This section must be completed by the applicant as well as a parent or legal guardian if the applicant is under 18.</i>			
	1.	I understand that Youth Parliament of Manitoba Inc. will not be held responsible for any personal injuries, nor for theft of or damage to belongings which may occur during the course of its operations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	_____	_____	_____	_____
	Signature of Applicant	Date	Signature of Parent/Guardian	Date

PERSONAL INFORMATION & PRIVACY	<i>This section must be completed by the applicant as well as a parent or legal guardian if the applicant is under 18.</i>			
	1.	Youth Parliament of Manitoba values the privacy of its members and their families and takes great care to protect the information entrusted to us. YPM will never use personal information for any purpose for which your permission has not been given.		
	2.	YPM will use limited personal information during its regular operations, which include: <ul style="list-style-type: none"> • Photos or videos that are used in electronic or print news media (e.g. CBC, <i>Winnipeg Free Press</i>, etc.); • Members' names, photos, addresses, phone numbers and email addresses used in the Member's Handbook given exclusively to members at the completion of Parliament to help the membership stay in touch; • Members' photos used in YPM publications (e.g. our newsletter); and • Other activities exclusively within the community of members of the 14th Western Canada Youth Parliament. 		
	3.	I consent to the collection and use of information as outlined above.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	_____	_____	_____	_____
	Signature of Applicant	Date	Signature of Parent/Guardian	Date

CHECKLIST AND FEES	APPLICATIONS MUST BE RECEIVED NO LATER THAN THURSDAY, 01 APRIL 2010	
	Register early: applications are considered on a "first-come, first-served" basis.	
	<u>Checklist of documents needed for registration:</u>	<u>Total Fees:</u>
	1. A completed application form (with all waivers signed)	▶ \$200 (\$75 to be included with application)
	2. \$75 non-refundable deposit (balance must be paid on 21 May). Payment can be made via cash, cheque or money order. Please do not mail cash.	<i>Make cheques payable to "Youth Parliament of Manitoba Inc." A receipt will be provided via email after session has concluded.</i>

SUBMISSION	Please mail in your completed registration form and payment to:	Questions? Send us an email or give us a call:	Learn more about Youth Parliament of Manitoba and our rich history online:
	Admissions - 14th WCYP Youth Parliament of Manitoba PO Box 595 Stn Main Winnipeg MB R3C 2J3	Email: admissions@ypmanitoba.ca Phone: +1 (204) 803-0204 (Darcy)	www.ypmanitoba.ca 