

**2018 SCYP LEVELUP APPLICATION FORM
AUGUST 20TH - 23RD - LAST MOUNTAIN LAKE**

Mail to: Saskatchewan Co-operative Youth Program
1515 20th Street West
Saskatoon, SK S7M 0Z5

TO BE FILLED OUT BY YOU

(Please add missing information and correct where necessary)

Name: _____ Preferred First Name: _____ Gender: _____
Address: _____ City/Town: _____ Postal Code: _____
Home Telephone #: _____ Parent's Cell Phone #: _____ Parent's Work Phone #: _____
Parent's email address: _____ Your email address: _____
Birth Date (M/D/Y): _____ Health Card No.: _____ Vegetarian: Yes No
Health Problems (including allergies, medication and dietary needs): _____

REGISTRATION FEE

\$250.00 – GST included

_____ Full registration fee (\$250.00) + SCYP Swag fee (\$30) totaling \$280 is enclosed. Make cheque payable to **Saskatchewan Co-operative Association**

_____ Full registration fee (\$250.00) is enclosed. Make cheque payable to **Saskatchewan Co-operative Association**

_____ \$150 deposit enclosed (\$100 non-refundable)

_____ I cannot pay the \$250 participant fee. Instead I am enclosing a \$100 non-refundable deposit and am applying for additional sponsorship to cover the remaining \$150

Are you interested in making a donation to the SCYP? If you would like to make a donation directly to the SCYP please CLEARLY enter the desired amount here:

\$20 \$50 \$100 Other Amount (please print CLEARLY) \$ _____

TO BE FILLED OUT BY YOUR PARENT OR GUARDIAN

I, _____, parent or guardian of _____ (child's name) voluntarily choose to have my child participate in a camp of the Saskatchewan Co-operative Youth Program with full knowledge that there will be some risks inherent in activities of the camp, and I hereby release Saskatchewan Co-operative Association, its directors, officers, employees, and volunteers (collectively the "Releasees") from all claims in respect to death, injury, loss or damage to my child and/or his/her property arising from participation in or connection to the activities of the camp notwithstanding that the same may have been contributed to or occasioned by an act or failure to act of the Releasees, singly or collectively. I consent to emergency treatment of my child in the event of injury or illness. I also consent to the use of my child's name and likeness (photo, video) in connection with the Saskatchewan Co-operative Youth Program. I consent to having my child's contact information shared among participants and program volunteers. I further acknowledge that I have read this release and I understand its effect.

Parent/Guardian's Signature: _____ Date: _____

TO BE FILLED OUT BY YOUR SPONSOR

Sponsoring Organization: _____

Address: _____ City/Town: _____

Postal Code: _____

Business Phone: _____ Transit # (if CU) _____

Signature: _____ Print Name: _____

Sponsorship Fee - \$475.00

_____ Please bill me _____ Payment enclosed (Payable to the **Saskatchewan Co-operative Association**)