

**SACY Summer Program 2017**

Dear Parent or Guardian;

Your youth is interested in participating in the SACY Summer Break Program taking place between July 5th – July 28th, 2017.

Please see the attached activity calendar and have your youth circle the activities they’d like to participate in. Youth are welcome to circle more than one. Please note that most activities have a limited capacity and therefore indicating interest does not guarantee a spot. We do our best to accommodate everyone and **we will contact your youth prior to the activity date to confirm which activities are available to them**.

Attached you will also find permission forms. Please complete these together with your youth and have them return these to the SACY Youth Engagement Worker at your youth’s school by **Friday June 16th, 2017.**

Please note that if your youth chooses to participate in the Story City Oral History activity hosted by Vancouver Public Library on July 12th, there is an additional consent form to be signed (this is included in this package).

If you have any questions **before school is out for the summer**, please be in touch with the SACY Youth Engagement Staff attached to your youth’s school:

**Kelly Melsness,** **kelly.melsness@vch.ca** **and (604)230-4772**

Please note that there is **no cost** to participate in these activities, and your youth will be provided with a snack or lunch and two bus tickets (if needed) on each day that they participate. Please retain this sheet for your reference and contact us at any time if you have any questions.

 **ALL FORMS TO BE SUBMITTED BY June 16th. SPACE IS LIMITED.**

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| **SACY JULY 2017** |
| **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 4No programming – staff planning day. | 5 **Bike to the sea…**Biking the seawall and we will even rest for a picnic! | **6 Bye, Bye Trash Fly**Be part of the solution with Community Clean up.  | **7 Get your gloves on!**Try out boxing, get fit and have fun at East Van Boxing! |
| 11 **UBC Farmtastic**Come and learn about a Student-driven 40 hectare model farm on the University of British Columbia campus! | 12 **Story City!** Join us in the new recording studios at the nə́c̓aʔmat ct Strathcona library. Learn how to use the equipment and have an opportunity to share your story.**Please note additional consent form to participate this day (last page of this package).** | 13 **Spirit Hike**Come explore Vancouver's beautiful Pacific Spirit Park! Join us for a hike and a picnic lunch. | 14 **Grow your own Pizza!**Come help out in Fresh Roots Community Garden. You will also get to enjoy the fruits of your labour! |
| 18 **Volunteer at Stash Food Foundation**! Help us rescue perishable food that would otherwise be discarded and redistribute it to those who need it most. | 19 **Yoga:****Get your stretch on!**Come on out and try out some yoga and mindfulness, and feast on some healthy snacks! | 20 **Snacks on par**Frisbee golf and a picnic in gorgeous Queen Elizabeth park. What more could you ask for?  | **21 Fish on Point**Explore beautiful Rocky Point and feast on fish and chips at the beach in Port Moody. |
| **25 Experience “RIO” movies…**Movie day at the Rio theatre , popcorn and drink provided☺  | **26 Walking to the Beat Tour** Learn about the history of drugs, prohibition, crimes and scandal on a guided walking tour from the Vancouver Police Museum. | 27 **Not another Night at the Museum** Come check out this world class museum of Anthropology on a self-guided tour of awesomeness! | 28 **Soup… kitchen…serve**Give back to the community at Harbour Light Soup Kitchen. footer-sacy-plain |

Props to Brandy, Amita & Adrien for their help with creative names and descriptions!

**PLEASE CIRCLE THE DAYS YOU
WANT TO JOIN US!**

**WE’LL CONTACT YOU WITH MEET-UP DETAILS CLOSER TO THE DATE.**

**YOUTH INFORMATION**

**Yes! I am interested in participating in some activities during the SACY Summer Break Program.**

**(We will contact you before programming starts to confirm the activities you’re interested in joining).**

**Youth Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_**

**Youth Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print clearly)**

**Youth Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best way to reach me for activity sign up: 🞎 Email (by emailing above email)**

**(Please choose one) 🞎 Cell (by calling above cell number)**

 **🞎 Cell (by texting above cell number)**

 **🞎 Home phone (by calling above home number)**

**Home Information:Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Information:**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN INFORMATION**

**Guardian Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Would you like to get on our email list to be notified if there is a SACY Parent Workshop opportunity happening near you? 🞎Yes 🞎No**

**Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print clearly)**

**Guardian Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evening Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_

* **IMPORTANT: My child’s personal health care card number (BC Card Card #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Considerations:**

Does your youth have any allergies or food/dietary requirements? If so, please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your youth have any administered Medicine(s)? If so, please specify frequency of administration particulars. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any relevant medical history notes (e.g. weak back, motion sickness, diabetes, bee sting allergy, etc.)? Is so, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other medical or other conditions that may affect your son/daughter’s participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**YOUTH CONSENT**

To ensure all who participate in the **SACY Summer Break Program** have a safe and positive experience, please read each statement carefully before signing:

* I understand that **SACY Summer Break Program** is a physically and emotionally safe environment free from discrimination of any form.
* I will not possess or use alcohol, drugs or engage in sexual activity during **SACY Summer Break Program***.*
* I will be present and actively participate in all activities to the best of my abilities.
* I will respect myself and others.
* I will be responsible for my own health and well-being.
* I will clean up after myself and keep location(s) where I volunteer and where we visit clean.
* I will respect the rules and guidelines of the volunteer opportunity that I participate in.
* I will inform **SACY Summer Break Program** staff about any issues that arise for me.
* I understand that each time I attend a **SACY Summer Break Program** opportunity I will be required to ‘sign’ in to verify my presence and participation.
* I understand that I will be asked to leave with my parent/guardian notified if I breech any of the above.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth name) agree to the above conditions. I understand that failure to follow these standards could result in my being asked to not participate in **SACY Summer Break Program** activities. I understand that I may not be able to participate in future **SACY Summer Break Program** activities if I do not follow the above guidelines and/or if I endanger my own safety or the safety of fellow participants.

Youth Signature (if youth over 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian (if youth under 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**PARENT/GUARDIAN CONSENT**

**I hereby authorize my daughter/son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the activities of the SACY Summer Break Program sponsored by SACY (Vancouver School Board & Vancouver Coastal Health). My signature below indicates that (check boxes):**

* I give permission for my child to participate in opportunities being provided through the **SACY Summer Break Program**
* I give permission for, understand that and assume any risk involved with my youth getting to **SACY Summer Break Program** activity days and getting home on their own using public transit or otherwise.
* I acknowledge possibility of potential risk or damage or serious injury that may result from my youth participating and willingly agree to assume responsibility for those risks as a condition of my child partaking in programming. (Note: Some programming days will require youth to take public transit, visit community organizations, do physical exercise etc. all of which carries potential for risk)
* Because the programming will often end mid-late afternoon, I give permission for my Youth to be dismissed on site.
* I release the right to use any photo materials, to promote the programs, which operate under Vancouver Coastal Health, Vancouver School Board (SACY).
* I understand that youth involved in this program may range in age between 13 and 18 years of age.

Note: Summer can be a challenging time! Our Parent Engagement worker is happy to connect you to resources and community supports. Please contact Roma Mehta, 604.250.0251, roma.mehta@vch.ca (Tuesday – Friday until July 14th).

**Youth Participant Signature required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian Signature required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Oral History Consent Agreement

**TO BE FILLED OUT ONLY if participating in the Story City activity on July 12th**

## Oral History Consent Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to participate in the Story City project (the “project”) of the Vancouver Public Library (VPL). As a condition to my participation in the project, I agree as follows:

1. I understand that the project is to collect audio and/or video recordings of the oral histories of those who have had experiences living in or visiting the city of Vancouver. These recordings will be a historical record of these experiences.

2. I give my consent for VPL to use any recordings or images of me made by VPL (together, “the interview content”) for any purpose in connection with VPL and its activities, including but not limited to, the development of exhibitions, public programming, educational purposes, public broadcasts, publications, documentaries, public performances and presentations, communications and promotional materials, and/or distributions of materials via electronic media, the Internet, or social media tools.

3. I agree that the interview content will belong to VPL and may be licensed to third parties at VPL’s discretion.

4. I understand that VPL will include the materials collected for the project, including but not limited to the interview content, as part of its permanent collection. However, I acknowledge that VPL does not offer any assurances that the interview content or any other materials collected for the project will be published, uploaded to the VPL website or otherwise publicized or distributed in any way.

5. I understand that VPL may edit, alter, transcribe or modify the interview content for any purpose without notifying me. However, I will be identified by name in any materials making use of the interview content.

6. The rights and title respecting the interviews granted by me to VPL in this document are granted free of charge and free of any royalty obligations.

7. I acknowledge that participation in the project is voluntary and that I may at any time during the conduct of an interview of me by VPL or within seven days of the conclusion thereof, rescind this document, through a writing signed by me, in which case VPL shall destroy and shall not make any use of the interview content.

8. I release VPL and its directors, officers, employees and agents from any liability in connection with my participation in the project, except to the extent VPL fails to discharge its express obligations hereunder.

I am 19 years or older and competent to sign this contract in my own name, or this contract has been accepted and agreed by my parent or other legal guardian by signing below.

|  |  |
| --- | --- |
| name |  |
| address |  |
| city | postal code |
| phone  | email |
| signature *(if 19 years old or older)* | date  |

Accepted and agreed by the parent or other legal guardian of the participant:

|  |  |
| --- | --- |
| name of legal guardian | relationship to minor |
| name |  |
| address |  |
| city | postal code |
| phone  | email |
| signature *(if 19 years old or older)* | date  |

Thank you for taking the time to complete this legal consent agreement. If you have any questions, please contact the Digital Services Department at 604-331-3753.

Revised 30 May 2014

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | name of person conducting interview |  |
|  | phone |  |
|  | email |  |