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**Palisades Winter/Summer School**

**Student Full Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Registered online:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



[**www.thepalisadescentre.ca**](http://www.thepalisadescentre.ca)

**(GYPSD site)**

[**http://www.pc.gc.ca/eng/pn-np/ab/jasper/edu/edu5.aspx**](http://www.pc.gc.ca/eng/pn-np/ab/jasper/edu/edu5.aspx)

**(Parks Canada site)**

**Registration Process:**

1. Please ensure that information on this form is aligned with the information you submitted online. If there are discrepancies, it will impact your registration status and confirmation.
2. Ensure you call Estellita Maurer at 1-780-723-4496 between 8:30-11:30 am (Monday-Friday) to provide your payment details (Credit or Debit accepted). ***Please note that for each course, the first 20 students who have submitted their full registration forms and provided payment details will be accepted.***
3. Please complete this seven page form and email/scan to:

# tlcreg@gypsd.ca

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*Registration and Refund Policies:*

**Eligibility:**

* *GYPSD Winter/Summer School* is open only to all students who have successfully completed Grade 9.
* Students must not have already received high school credit for *the specified course.*

**Refunds:**

* Acceptance to the program will be granted on a first-come, first-served basis.
* Minimum of 12 students per week, maximum of 20 students per week. In the event that 12 students do not register, a full refund will be given.
* Students will be notified of the status of their application upon the receipt of their complete application and payment.
* No refunds will be issued unless a student withdraws for medical reasons, and then full or partial refunds will be considered if a doctor’s note is provided.
* In the event of a health issue arising that we feel puts the student and/or group at risk, participation in the program may be re-considered. Clear communication concerning these risks is welcomed and necessary to ensure a safe experience for all. Please clearly explain all such health issues on the application.
* Please read the Student Risk Waiver Form included in the registration package.
* Students who miss the bus (Winter School) or are sent home due to alcohol, or behavior will not be given a refund.

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| *Frequently Asked Questions*1. **How will my son/daughter prepare for the course?**

*Please pack according to the packing list found in the overview* [*here.*](http://www.thepalisadescentre.ca/documents/general/Overview%20English.pdf) *Your course teacher may provide you with additional instruction.* *Winter School Courses require pre-immersion and post immersion work. You will receive an email with course materials.* 1. **Will my son/daughter be able to communicate with home?**

*YES. There is a pay phone on site and there will be times when students will be allowed to call. (Note: Cell service at the Palisades Centre is intermittent and should not be relied upon). There is free wifi.* 1. **What all does the course fee cover?**

*The Summer school cost is $450 and includes all activities, food, accommodation and supervision.*1. **Will there be any additional costs?**

*Students may need money for meals when (travelling to and from the centre).* 1. **Are parents welcome to visit?**

*Yes, but remember this is a school course for credit and the student will be actively involved for the greater part of every day and evening.*1. **Who do I contact if there is an emergency and I need to reach my child?**

 *Please contact the Palisades Centre directly (780)852-6192 or contact the GYPSD teacher:* *Helene Caron 852-8668*1. ***What is your policy on drugs and/or alcohol?***

*There is zero tolerance for drug or alcohol use during the course and students will be sent home at parents’ expense should an incident arise*. 1. ***What are the expectations for student behaviour?***

*This course requires maturity on the part of the participants. Students will be assessed on their ability to make well-informed, considered decisions and choices, and to develop behaviours and attitudes that contribute to the well-being and respect of self and others, now and in the future. Due to the nature of the course, students who are disrespectful of safety instructions and guidelines will be sent home at parents’ expense should an incident arise.* 1. ***What skills and attitudes are needed for participation in this course?***

*Students must come to the course with the ability to ski/board safely on green runs. Students must be prepared to spend the majority of their days outside in winter conditions. The course is designed for students who are activity oriented and like to learn through hands-on experiences. It is a physically active course, so some degree of stamina, flexibility and a willingness to try new things is required. To ensure success and safety, active participation and respect are expected. Students must review and adhere to the Alpine Responsibility Code.* 1. ***What will my student need to do after the course?***

*Students must submit their post-immersion work within ten days of the Palisades portion of your course. They will follow the directions in the post-immersion package. Marks/credits will appear on the student’s Alberta Education transcript.* **All information in this application is collected in accordance with the****Freedom of Information and Protection of Privacy Act.** |
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*Protection of Privacy Act (FOIPP)*

*The personal information collected through this form is collected pursuant to the School Act, including its regulations, and will be used by Grande Yellowhead Public School Division NO. 77 (including its schools) for purposes of operating and promoting its programs and its activities, as permitted under Section 33 of FOIPP (Freedom of Information and Protection of Privacy Act).*

*As part of the Board’s normal operations and the promotion of its programs and its activities, both internal and external, such as, but not limited to, presentations and publications, the Board makes use of student work, photographs of students both in groups and individually, names of students and the grades and schools they attend.*

*The Board does not voluntarily provide any external agency, media or other persons with any personal information respecting any student for use by that agency, media or person, unless required to do so by law, or unless such disclosure is in the normal course of the Board’s operation and promotion of its programs or its activities. Requests from external agencies, media and persons for access to student information not covered by the foregoing protocol, will be referred to the parents of the student for consent.*

*Your signature below will constitute agreement with the foregoing and consent for the Board to use the information referred to in the notification above in the manner described.*

*I agree with the use of personal information/student work of the student named in this registration form in the manner set out above.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent/Guardian Date*

*Questions regarding the use/disclosure of this information? Please contact Assistant Superintend – Business Services, GYPSD at 1-800-723-2564*

*Emergency Medical Treatment Consent:*

I hereby give permission for my child to be referred to a doctor for emergency medical treatment.

* Yes
* No

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent/Guardian Date*

*Photograph Consent (GYPSD):*

*As required by Administrative Procedure 180 – Freedom of Information and Protection of Privacy (FOIPP)*

This Consent Form is used when photos are taken by the Division or one of its schools (including the Palisades Stewardship Education Centre), where individual students are identified and the material is to be used for purposes beyond “regular operations of the Board” or on a school or division website.

I hereby consent for a photograph of to be use for the following purposes:

***Posting on the division’s website and promotional materials***

 Signature of Parent or Legal Guardian

 Date

 School

If you have any questions about the collection, use or disclosure of information collected on this form, please contact the GYPSD FOIPP Coordinator:

3656 1st Avenue, Edson, Alberta T7E 1S8

Phone: 780‑723‑4471 or 1‑800‑723‑2564

Fax: 780‑723‑2414

### *Photograph Consent* ***(****Parks Canada Agency* ***):***

I hereby agree to model for and on behalf of Her Majesty the Queen in right of Canada (**Her Majesty**) for the **Parks Canada Agency** in the production of photographic images (video, film, stills, and/or digital images).

I hereby grant to the **Parks Canada** **Agency** and those authorized to act on its behalf, the right to use the photographic images I have agreed to model for, and grant also the non-exclusive right, licence and privilege under copyright or other right of licence enjoyed by me, to use, modify, broadcast, cablecast, webcast, reproduce, duplicate, publish, republish, and distribute the above in any work or format worldwide in perpetuity ***for educational purposes***.

I hereby release, discharge, and agree to save harmless **Her Majesty**, the **Parks Canada Agency**, and its employees or agents from all actions, claims and damages arising from the above grant and agree to indemnify and save harmless **Her Majesty,** the **Parks Canada Agency**, its employees or agents, from any liabilities arising as a result of the publication or distribution of the finished product, in whole or in part.

I hereby attest that I have read the foregoing release, authorization and agreement before affixing my signature below and I fully understand the content thereof.

Applicant's Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your cooperation and assistance in this matter is appreciated!

*Student Risk Waiver:*

In consideration of the GYPSD Summer/Winter School at the Palisades accepting my registration for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the GYPSD/Palisades Winter /Summer Course named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Student’s Name

I the parent/guardian, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

 Parent / Guardian (first and last name, please print)

 I understand that there is a risk element in the course, and that I have been informed as such by

GYPSD. I accept such risks as being part of the nature of this program.

My child is in good health. He/she has not recently been treated for, nor am I aware of, any condition

that would jeopardize his/her health, or prevent his/her full participation in this course.

My child agrees to abide by the rules and regulations of the course, its director and instructors, and

Grande Yellowhead Public School Division in all matters. Ultimately, it is my child’s responsibility to know the possible consequences of their actions and personally assume the consequences of their actions. In

the event of the expulsion of my child from a course due to use of drugs, alcohol, violent behaviour or

any other violation of board policy, I understand that as the parent/guardian of the child, I will bear the

full cost of the evacuation and forfeit the course tuition.

I agree that in the case of an emergency, Palisades staff, Grande Yellowhead Public School Division agents or medical officials have my permission to authorize appropriate medical care for my child.

In the case of an emergency/medical evacuation, I understand that the Palisades and GYPSD staff will take full responsibility to ensure that the student is treated and taken to a medical emergency facility, however if the student needs to return home, that I the parent/guardian will take full responsibility for

transportation of my child’s return.

***I have read the Registration and Refund Policies and:***

1. I agree to the terms of the refund policy.

2. I understand the need for program prerequisites.

3. I agree to allow GYPSD to use photo or video taken of my child in school presentations, or for promotional use of our programs.

Having read and understood the terms of this document, I hereby release and forever discharge Grande Yellowhead Public School Division and the Parks Canada Palisades Stewardship Education Centre, its Director, instructors and employees, and their successors and heirs and assigns, from any liability or claim for damages for loss of any nature including delays, personal injury or loss of personal property, how-so-ever caused, whether by negligence, act of God, equipment failure, or any act of nature incurred during, or as a result of my child’s participation in this course, and I declare that this waiver is binding upon myself, my heirs, executors, administrators and assigns.

I hereby grant permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the aforementioned program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian or Student (if over 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

*The entire form must be completed to ensure adequate medical care in an emergency, and to be considered for acceptance into a course. Thank you.*