

APPLICANT INFORMATION

Participant's First Name _____ Participant's Last Name _____

Participant's Preferred Name _____ M/ F/ Choose not to Identify (Circle)

Current Date: _____

Do you identify as Indigenous? (Y / N) (Circle)

If yes, please indicate Band Name, Metis or Inuit _____

Date of Birth (mm-dd-yyyy) _____ Grade Completed _____

School _____ Home Address: _____

City _____ Province _____

Postal Code _____ Email Address _____

Parents'/Guardians' Name _____

Contact Number of Parent/Guardian (please indicate who's #) _____

Alternative Contact in Case of Emergency

#1 Name/Relationship _____ Phone # _____

#2 Name/Relationship _____ Phone # _____

MEDICAL INFO

Allergies: (Please write "none" if no allergies) _____

Medications: (List below, with doses and times)

(Please write "None" if child doesn't take medication) _____

Medical Conditions: Including ADHD, Epilepsy, or any other behavioral conditions within the last 3 years

(Please write "none" if no medical condition exists) _____

Physician name _____ Physician number _____

Insurance Provider _____ and Policy # _____

Preferred Hospital _____

PHOTO AND CONTENT RELEASE WAIVER

I hereby agree and give my permission for the CWB Welding Foundation (herein referred to as "CWBWF") and/or its representatives and authorized agents to record, film, photograph, audiotape or videotape the name, image, student work, and welding performance of

_____ (Please print name of student)

(such recordings, images and materials herein collectively referred to as "Works") and to use, reproduce, display, publish or distribute these Works, which may include posting on the CWBWF website, posting on social media sites (including but not limited to: Facebook; Twitter; YouTube, Instagram) and/or broadcasting on television or radio, as determined by the CWBWF, for purposes in connection with promoting and explaining the CWBWF and its activities. I further agree that the name and identity of the student named above may be revealed in descriptive text or commentary in connection with the Works. I acknowledge and agree that the CWBWF own all rights to the Works. The Works will not be sold to third parties.

I hereby waive any right to inspect or approve the use of these Works now or in the future, and I waive any right to any royalties or other compensation related to the use of these Works.

I understand that once the Works appear in electronic form on the Internet or in other publications, the works could possibly be downloaded or copied by a third party. I agree that I will not hold the CWBWF, its officials, directors, employees, agents or affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, responsible for any harm that may arise from such unauthorized reproduction.

I also understand that external media organizations may attend events involving the CWBWF. I give permission for the name, image, student work, and performance of the student named above to be photographed, filmed, audiotaped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

☐ Please mark this box if you AGREE that the student may participate in the above

☐ Please mark this box if you DO NOT WISH the student may participate in the above

I have read this student photo/video consent and release form and I fully understand the contents and meaning of this Consent and Release.

To be signed by the participant named above where he or she is 18 years of age or over:

Signature_____ Print Name_____

Date_____

To be signed by a parent or legal guardian of the participant named above where the student is under the age of 18 years:

Signature_____ Print Name_____

Date_____

CAMP PARTICIPATION AGREEMENT

I am the parent or legal guardian of _____
(the "Participant"). On behalf of the Participant, myself, the Participant's parent(s) or guardian(s), heir(s), estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

Give my permission for the Participant to take part in the Arc and Spark Summer Camp Program (the "Camp") being held at: (name of Host Institution) _____;

Represent and warrant that the Participant is in good health and physical condition and can participate in the Camp and acknowledge and understand that participation in and attendance at the Camp involves certain risks and dangers of accidents, serious personal and bodily injury, including death, and property loss or damage either specifically as a result of participation in the welding activities at the Camp or generally in connection with the Participant's attendance thereat. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks;

Fully and forever release, discharge and indemnify the CWBWF and each of their respective parent companies, affiliates, divisions, subsidiaries, directors, officers, employees, agents, insurers, assigns and successors, together with all Camp directors, volunteers, and staff (collectively, the "Released Parties") of and from any and all causes of action, lawsuits, losses, damages, injuries (including personal and bodily injuries, death and injury to property) howsoever caused (whether by negligence or otherwise), claims, demands, sums, costs, expenses (including legal fees and disbursements), and any other liability of any kind, of or to me or the Participant or any other person, directly or indirectly arising out of or in connection with the Camp, including, without limitation, participation of the Participant in the Camp;

Agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages, which anyone may have, on account of loss, damage or injury sustained by the Participant or others in connection with the selection, attendance and participation of the Participant in the Camp;

Agree that, in the event that I cannot be reached in a medical emergency, I hereby authorize and permit the Released Parties and Camp personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant; and

Should any portion of this Permission, Waiver and Release be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Permission, Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Permission, Waiver and Release.

I HAVE READ THIS PERMISSION, RELEASE AND WAIVER CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS PERMISSION, RELEASE AND WAIVER, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent or Guardian (Please Print) _____

Address _____

Signature of Parent or Guardian

Date

ARC AND SPARK CAMP CONDUCT AND PARTICIPANT SAFETY AGREEMENT

At _____ (Institution name), we care about the safety of our participants at all times. The staff are focused on and continually enforce the correct operation of tools/equipment, shop procedures, appropriate conduct and behavior. Your active participation in these efforts is essential.

Arc and Spark Camps are an introduction into fabrication and the welding trade. The primary focus of this camp is to enable all participants to learn in a safe, fun and respectful environment.

Parents, guardians, participants, please carefully read the following Arc and Spark camp expectations:

GENERAL SAFETY PRECAUTIONS

- SAFETY GLASSES MUST BE WORN IN THE SHOP AT ALL TIMES!
- All proper and necessary Personal Protective Equipment also referred to as PPE, must be worn at all times when required.
- Participants must wear hearing protection when instructed to do so. Ear plugs are to be disposed of properly (thrown into the garbage) at the end of each class.
- Long hair must be tied back at all times.
- Jewelry of any kind is not permitted.
- Closed toed shoes must be worn at all times, preferably leather. If possible steel toed boots are recommended. Participants are welcome to leave their shop footwear at the school for the duration of the camp.
- Long pants must be worn when in the shop. Cotton, leather, wool, or blue jeans (denim) are the best.
- Long sleeve cotton tops or t-shirts are acceptable.
- Absolutely no clothing made from synthetic materials is allowed (example: Nylon sports tops or jerseys, spandex tights or tops, polyester, rayon, etc.).
- No food or drinks are allowed in the shop.
- Adhere to all shop rules as directed by the teacher
- Any questions regarding the use of equipment must be directed to the teacher or an alternate individual designated by the teacher
- Any suspicious or faulty equipment must be directed to the teacher immediately.
- Cell phones, iPods, and other devices are not allowed within the shop.

EMERGENCY ACTION AND REPORTING OF INJURIES

- Report to the instructor immediately if any accident, spill, or near miss occurs, no matter how minor regardless of if you feel medical attention is not necessary.

PARTICIPANT BEHAVIOR

- Every participant is responsible for the safety of themselves, as well as others.
- Participants must follow the rules and procedures established by the teacher at all times.
- All warning and verbal commands from the teacher will be obeyed immediately.
- No work can occur in the shop unless a qualified teacher is present.
- Participants are expected to be on-time each day and prepared for every class.
- If there is something you do not fully understand, ask for assistance. The teacher will clarify any area not fully understood by the participant. Please ask questions if you are unsure or need a reminder.
- Report to a teacher if you feel the behavior of another participant indicates he/she is not well or is acting in an unusual manner.
- Participants must not operate and/or use equipment without first having received proper instructions and observing a demonstration on how to safely use that particular tool or piece of equipment from the teacher.
- Throwing of any object, running or any form of undisciplined conduct is forbidden and will not be tolerated.
- Participants must report to the teacher in charge when he/she is under the influence of prescribed medications or has any health problems.

HOUSE KEEPING

- At the end of each class, **EVERY** participant is responsible for helping everyone else clean the entire shop as directed by the teacher. During clean-up, everyone should be busy helping until the teacher dismisses them.
- Dispose of chemicals and materials as directed by your teacher. No metal in any garbage cans. Use designated bins provided.
- All tools and equipment must be appropriately cleaned before being put away.
- Participants must wash their hands with soap and water before leaving the shop.
- Work carefully and make sure that the individual work area is not cluttered. A clean and organized shop is a safe and productive shop.

ARC AND SPARK PARTICIPANT SAFETY CONTRACT AGREEMENT

THIS PAGE IS TO BE SIGNED AND RETURNED TO INSTRUCTOR BEFORE ANY SHOP WORK COMMENCES

Parents and or guardians, please review this document carefully with your dependent. After having read and understood what is required of your dependent to be a responsible participant in the class, please sign, date and return this to the Arc and Spark camp instructor. Should you have any questions or concerns please feel free to call the camp instructor below:

Name of instructor: _____

Phone Number: _____

PARENT OR GUARDIAN: I have reviewed this information regarding participant safety with my dependent and we understand and agree to the safety procedures and requirements listed above. Further, I acknowledge that if my child does not comply with these procedures at all times, their privileges to participate may be revoked and result in being removed from the camp.

Parent or Guardian Name: _____

SIGNATURE: _____

Dependents full name (first/ last): _____

DATE: _____

PROGRAM/COURSE APPLICATION FORM

CLIENT CONSENT AND NOTICE OF COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

SCOPE

This document sets out the authority, routine uses, and contact information as related to the collection, use and disclosure of personal information by Ogwehoweh Skills and Trades Training Centre ("**OSTTC**"). It is intended to constitute a broad notification about personal information practices to clients, parents/guardians, and other interested parties about how OSTTC may collect, use and disclose personal information in the course of fulfilling its mandate. This notice is provided for the purpose of informing your consent provided herein.

COLLECTION, USE, AND DISCLOSURE

OSTTC is a community-owned Indigenous training and post-secondary institute that has been educating, training, and certifying The Six Nations of the Grand River Territory and surrounding communities since 2003. OSTTC is wholly owned by the Grand River Employment and Training Inc. ("**GRETI**") and located in the heart of the village of Ohsweken. OSTTC was established to address employer needs for skilled workers and the needs of individuals looking to increase employability and employment skills (the "**Services**").

OSTTC collects and retains the personal information of individuals in the course of providing the Services under the legal authority of the *Personal Information Protection and Electronic Documents Act* (SC 2000, c 5, as amended) ("**PIPEDA**"). The information is related directly to and needed by OSTTC for purpose of delivering the Services, which include:

1. recruitment, admission, enrollment, and registration of programs;
2. financial assistance;
3. verification of eligibility for financial services and programs;
4. regulatory audits and operational reviews;
5. employment-related matters;
6. evaluation of programs and quality improvement activities;
7. institutional planning and statistics;
8. safety and security;
9. promotion in print, electronic, and internet publications;
10. planning, administering, and managing internal operations;
11. conducting risk-management activities;
12. reporting to government agencies and funding agencies;
13. compliance with legal and regulatory requirements; and
14. facilitating support and services through agencies that assist individuals with specific circumstances.

OSTTC uses a secure database to manage client files and information. This database meets the guidelines for collecting and storing personal information set out by PIPEDA. This will ensure that OSTTC is able to keep personal information confidential and secure, during and after the delivery of services.

OSTTC shall not disclose personal information to external individuals or organizations unless:

1. the individual is notified of such potential disclosure when the personal information is collected;
2. the individual has consented to the disclosure;
3. permitted under applicable law, including PIPEDA; or
4. otherwise provided by this Notice of Collection, Use and Disclosure of Personal Information;

OSTTC may disclose personal information for the purpose of delivering the Services to:

1. the Government of Canada (the "**Government**") pursuant to program and service agreements;
2. the Government of Ontario, including but not limited to Ontario Works and Ontario Disability Support Program;
3. employers, including prospective employers;
4. educational institutions;
5. Six Nations affiliated offices;
6. Funding agencies (Grand River Employment and Training, Mississauga of the Credit First Nation, Brantford Regional Indigenous Support Centre, Niagara Peninsula Aboriginal Area Management Board, Hamilton Regional Indian Centre, etc.); and
7. Community Living.

OSTTC may further use personal information to create various statistical and analytical reports that guide planning, administration, and advocacy. Personal information may also be anonymized or aggregated and transferred to external entities involved in research and statistical analysis to improve the quality and effectiveness of OSTTC's programs, policies and practices.

CONSENT

By checking the boxes below, I confirm that I understand and agree to the following:

Required:

- ☒ I have read the above and consent to the collection, use, and disclosure of my personal information as set out above.
- ☒ I have the right to access and review the Privacy Policy regarding the collection, use and disclosure of personal information at any time.
- ☒ To the best of my knowledge, the information I have provided to OSTTC is accurate and complete, and I undertake to report any changes to my information to OSTTC as soon as possible.
- ☒ I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission and subject me to the requirements and/or disciplinary measures provided for in OSTTC's rules and regulations for tuition and admission purposes.
- ☒ I may request to access, correct, or update to my information at any time.
- ☒ Any information provided to OSTTC may be subject to verification.
- ☒ OSTTC may communicate, share, and request my information from employers, including prospective employers, educational institutions, and Six Nations affiliated offices and agencies, and the Government, as appropriate and reasonably required to enable OSTTC to provide the Services. I will have the opportunity to consider whether to provide my consent and/or other disclosure of such additional information before it is disclosed.
- ☒ I understand that I may withdraw my consent to the collection, use or disclosure of my personal information at any time by written documentation addressed to the OSTTC Registrar. Any such withdrawal of consent may result in the delay, disentanglement, or termination of services with OSTTC.

Optional:

- ☐ I would like to receive email and other commercial electronic messages from OSTTC with GRETI information and opportunities that are relevant to me based on the information OSTTC may have about me. I may opt out from OSTTC marketing emails at any time by written documentation addressed to the OSTTC Registrar.
- ☐ I give my consent to GRETI or its affiliates to the collection and use of my personal images by photography or video recording that I may appear in, either individually or in groups, for the purposes of promotion and marketing, including, without limitation, internal or external communications and use on GRETI or its affiliates' intranet or extranet. Further, I understand and agree that no fees shall be earned or paid to me for consenting to use my image by GRETI or its affiliates for promotion and marketing purposes. This consent form has no expiration date and therefore, consent to use my image is not restricted to a one-time use.

I have read this document, I confirm that I am thirteen (13) years or older, and, by signing below, I certify that I fully understand this document and accept to be bound by it.

Name (please print)

Signature

Date

Name and Signature of holder of parental
authority, if person under 13 years of age

Date