



LEAP A – July 3-10th 2010
LEAP B – July 15-22nd 2010
LEAP Alumni – Aug 15-21st 2010

LEAP Program Overview

If you are interested in the natural world, improving your leadership capabilities and stepping out of the box - LEAP is for you!

“The LEAP program helps to fill a huge void in modern society: the void between what’s taught in the classroom and the day-to-day miracles happening outside. I can think of no better way to close this gap than to get kids into wild areas where Nature does the teaching, affecting students in ways that stick with them for the rest of their lives”

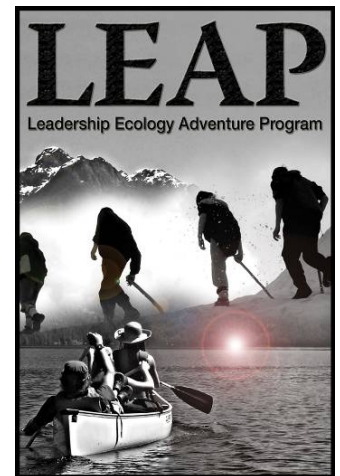
- Karsten Heuer, Explorer, Wildlife Biologist and author of *Being Caribou*

The Leadership Ecology Adventure Program offers an exciting opportunity to students who love to be active and are interested in improving their leadership skills. During the 8 day program credit program students will enhance their understanding of local marine and terrestrial ecology through hands-on field based studies. LEAP is a dynamic and experiential program that focuses on both the hard and soft skills associated with living well and being in the outdoors. During LEAP, students will have countless opportunities to positively interact with the world they live in while creating memories to last a lifetime!

“LEAP is the most amazing class I have every taken, this has been an unparalleled experience”
– Celine, Maple Ridge

Why LEAP? Through the LEAP participants will garner a variety of skills while deepening their understanding and appreciation of the surrounding natural world.

- No cost (if you are a BC resident)
- 4 Credits in Applied Leadership 11 or 12
- Experience new ideas in new places
- Develop a deeper understanding of the BC geography
- Explore a diversity of flora and fauna
- Learn wilderness and life skills
- Develop problem solving capacity
- Social responsibility & Leadership development
- Sustainability for long-term planetary health!
- Learn more about ourselves through challenge and adventure



Note! We hire Coast Mountain Academy graduates to assist in our programming



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Application Package

“LEAP offers a MAGICAL EXPERIENCE to learn LEADERSHIP, experience and APPRECIATE the outdoors with INSPIRING PEOPLE from AROUND THE WORLD,” – Aimee, Vancouver BC

You are embarking on a truly amazing experience. The LEAP program will engage and inspire you. The friends you meet and skills you gain will be with you for a lifetime. If you have any questions please feel free to post them on our Facebook page. This allows everyone to benefit from the conversation. You may also check out our web site for FAQs, instructor biographies and packing lists! We look forward to reviewing your application,

Ryan Barfoot & Karin Westland

Sustainability & Eco-Education Programs, SD 47 Powell River BC, Canada

P: 1-604 414-4734 **Fax:** 1-604 483-3127 **E:** outdoors@sd47.bc.ca **W:** www.outdoors.sd47.bc.ca

**“We Need Political Leaders who are INVESTED IN OUR FUTURE and they will come from LEAP”
–Dan, Canadian Rockies**

Some Beta to Consider...

- Enrollment in the program is limited. Students that meet or exceed the minimum admission requirements may not necessarily be admitted to the program.
- Student selection will be made after evaluation of the Formal Application Package. A phone interview may be requested.
- LEAP is free for BC Students. The cost for students from outside of BC is \$400 and must be paid 2 weeks after being accepted to LEAP.
- LEAP Alumni requires one successful program completion as a prerequisite.
- We will begin and end in Powell River BC but will cover a lot of amazing ground in between!

Important: Students must be in secondary school, in good physical shape, have a well fitted back-pack, hiking boots and appropriate outdoor clothing.

Completed applications may be emailed, faxed or mailed to:

LEAP 5400 Marine Avenue, Powell River, B.C., Canada, V8A 2L6
Fax: 1- 604 483-3127 Email: leapup@gmail.com

Your application must contain the following in this order:

1. Personal Profile
2. Medical Form (For information purposes only – will not effect eligibility)
3. Explanation of Inherent Risk
4. Media Release
5. A photocopy or printed scan of your birth certificate
6. Resume



School District #47 (Powell River)

Medical Form *(PLEASE PRINT)*

PLEASE READ CAREFULLY! This form must be completed by the student and his or her parents/guardians (accurate, up-to-date information is important), in order to participate in *[Name of Program (Activity)]*_____

The information that you provide on this form is vital: it enables the program staff to address the risk of injury or illness complications, as well as to prepare contingency plans in the event that an emergency does occur. Withholding details may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency.

The information you provide is confidential and will not be used to deny access to any part of the program. **Please print clearly.**

Legal name of student: _____
First Middle Last

Full Residential Mailing Address: _____

Full Attending High School Address: _____
Zip / Postal Code _____ Phone: _____

Current Grade: _____ Student Email Address: _____ Parent Email Address: _____

Gender: Female Male Birthdate: day _____ month _____ year _____.

Emergency Contact:

Mother's/guardian's name (first & last): _____

Father's/guardian's name (first & last): _____

Phone (day) _____ (evening) _____

PEN Number (9 digit Personal Education Number- see below for more details): _____

(For BC residents only / Must be obtained from your high school secretary / Not needed if you are a Brooks Secondary student)

B.C. Care Card Personal Health Number _____

Doctor's name _____ Phone _____

Physical condition: Excellent Good Fair

Swimming ability: Excellent Good Fair Non-swimmer

Date of last tetanus inoculation or booster (IMPORTANT!): month _____ year _____ (current if within 10 years)

Note: Students who sustain even minor wounds, and are without a current tetanus booster, must be evacuated — therefore, a current (within 5 years) tetanus booster is mandatory for all students.

Do you have known allergies?

no yes If yes, please name the allergies and describe your allergic reactions:

Do you have any medical conditions or illnesses (for example, high blood pressure, heart condition, seizure disorder, HIV positive, diabetes, hypoglycemia, emphysema, asthma, hayfever, raynauds, or migraine headaches)?

no yes If yes, please describe: _____

Are you taking any medications (prescription or non-prescription)?

no yes If yes, describe medications, medical conditions, dosages, reactions and special instructions (*answer on reverse side*):

Note: Students must bring a second set of medications on all trips – only to be used if the first set is lost or damaged. The second set will be stored in the teacher's first aid kit for the duration of the trip.

Do you wear glasses? no yes Do you wear contact lenses? no yes

Note: If you depend on glasses or contact lenses for adequate vision, you must bring a spare set of glasses on trips. Eye irritation may prevent the use of contact lenses, therefore spare glasses are recommended.

Do you have any dietary restrictions?

no yes If yes, please describe: _____

Are you susceptible to headaches, nosebleeds, fainting, sunburns, colds, sinus problems, or other discomforts?

no yes If yes, please describe: _____

Do you have any digestive ailments? (Do you use antacids or laxatives, for example, on a regular basis?)

no yes If yes, please describe: _____

Do you have any back problems?

no yes If yes, please describe: _____

Are you susceptible to infection (for example, wound, urinary tract, sinus or chest)?

no yes If yes, please describe: _____

Do you use antibiotic drugs to control any of the above infections?

no yes If yes, type: _____

Do you have a history of joint injuries: (for example, sprains, dislocations, tendonitis, bursitis, or carpal tunnel syndrome)?

no yes If yes, please describe and specify joint(s): _____

Do you use anti-inflammatory drugs to control joint inflammation?

no yes If yes, type: _____

Do you have a previous history of cold injury (for example, hypothermia, frostbite, or trenchfoot) or heat disorders (for example, hyperthermia, heat or sun stroke)?

no yes If yes, please describe: _____

Have you been under a doctor's care in the last 12 months?

no yes If yes, please describe: _____

Do you have physical limitations that would affect your participation in the activities undertaken during this program? (for example, limited limb mobility)

no yes If yes, please describe: _____

Do you have any fears that would affect your participation in the activities undertaken during this program? (for example, fear of water, heights, or darkness)

no yes If yes, please describe: _____

"I have honestly disclosed all of the information requested in the above questions; and, I understand that withholding medical information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency.

If any of the above information changes prior to, or during the program, I will immediately notify the program teachers."

print name of student

student's signature

date

print name of parent or guardian

parent or guardian's signature

date



School District #47 (Powell River)

Media Release Form

4351 Ontario Avenue, Powell River, BC V8A 1V3 Telephone: 604-485-6271 Fax: (604) 485-6435

School District #47 (Powell River) appreciates having photos to use in our publications and presentations. Student names are often requested by local MLAs, Mayors and media in order to recognize student success. By completing the Release Form you give permission for the district to use photos/videos and release names.

Name of person in photos/videos (please print): _____

Phone: _____ **Email or Fax:** _____

Are there any restrictions on how the photos/videos/names can be used? Yes / No

If *Yes*, please describe:

Signature (if the release is for a person 18 years or younger a parent or guardian must sign)

Date Signed: _____

Disclaimer: In signing this document I am granting School District 47 (Powell River, permission to use my image in all of their publications, both print and electronic, and store in the electronic photo bank available to School District #47.

Thank you!

Office Use

Picture File Path / Ref number: _____

Description: _____

Date Taken: _____

Effective (Photo Release Form for Outdoor Ed Programs)



School District #47 (Powell River)

Explanation of Inherent Risks

Activities **may** include: Being a passenger in a vehicle, Water activities, Canoeing, Diving, Sailing and Boating, Swimming, Land Activities, Bushwalking, Camping, Cycling, Experiential Programs: Personal Development through Challenge and Adventure, Orienteering, Rock Climbing and Abseiling: Artificial Climbing Structures, Rock Climbing and Abseiling: Climbing on Natural Surfaces, Ropes Courses and Snow Activities among others.

PLEASE READ CAREFULLY! This form must be completed (by the student and his or her parents/guardians), in order to participate in

(Name of Program / Activity: _____)

Print name of student

Student Consent

I am aware of, and accept, the inherent risks associated with the outdoor and water activities as described on the reverse side of this form and do hereby give consent and agree, as follows:

- ✓ I am participating in this program out of my own free will and agree to follow all reasonable instructions and directions of the staff this Program.
- ✓ I authorize School District #47 (Powell River) to use any photograph(s) or video taken of me during the program for promotional or educational use.
- ✓ I understand that smoking, or the possession and/or use of drugs or alcohol, is strictly prohibited during the Program activities, and may lead to immediate expulsion from the program.

Student's signature

Date

Parent/Guardian Consent

Some degree of risk is inherent in the nature of the Program activities, and may occur without fault on the part of the student, school board, its employees, contractors or agents, or the facility where the activity is taking place. By allowing my child to participate in this program, I am agreeing that the activities described on the reverse side of this form are suitable for my child, and that I am aware of, and accept, the inherent risks associated with THE Program activities. Parents may request a meeting with program staff (at any time) to discuss the program activities and their inherent risks, do hereby give consent and agree, as follows:

- ✓ I hereby consent that my child may enroll in the Program, and participate in all of its program activities. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.
- ✓ I authorize School District #47 Program staff, physicians, hospital staff, emergency response personnel, dentists, or other health care professionals, to carry out examination and treatment deemed necessary and advisable for the diagnosis and treatment of my son/daughter in the event of accident or illness.
- ✓ I am aware that School District #47 does not provide medical or accident insurance for students enrolled in the Program and I understand that I am responsible for arranging such insurance, or to otherwise cover any evacuation or medical costs.
- ✓ I authorize School District #47 to use any photograph(s) or video taken of my son/daughter during the program for promotional or educational use.
- ✓ I understand that smoking, or the possession and/or use of drugs or alcohol, is strictly prohibited during the Program activities, and may lead to expulsion from the Program.

The student, and both parents or legal guardians must sign this form before any student may participate in the Program (offered by School District #47). If one parent or guardian is deceased, or permanently unavailable, please indicate so on the appropriate line.

print name of mother or guardian

mother or guardian's signature

date

print name of father or guardian

father or guardian's signature

date