



## Skeena Native Development Youth Assessment Form

The Lifestyles Program: provides financial assistance for youth aged 15-18 to participate in sports, recreation or fine arts activities. This program is available to low-income families who reside in Terrace and Prince Rupert ONLY. Eligible costs include: registration, activity and/or equipment fees\*.

### Application Submission:

- Each application will be assessed and based on individual merit, and available budget. The following documents must be submitted as a part of the total application package, and **no application will be considered complete without the following:**
    - Copy of the Activity Registration or Program Description
    - Completed *Youth Lifestyles Applicant Information Form (all fields MUST be completed)*
    - Signed *Assumption of Risk, Release of Claims & Indemnity Form*
    - **Proof of Annual Household income** (can be demonstrated with any of the following):
      - Income Tax Summary
      - Child Tax Summary
      - T4 Slip
- \*Please indicate whether work is full/part time or indicate dates of seasonal employment.*

### For more information or assistance, please contact:

Hilary Zornow, Program Administrator  
PO Box 418 Terrace, B.C. V8G 4B1  
Ph: (250) 635-1500 or 1-800-721-1333  
Fax: (250) 635-1414  
hilaryzornow@snds.bc.ca

\*Equipment fees will be assessed to determine whether they are eligible or fit program criteria. This assessment will be at the discretion of program administrator.



# Skeena Native Development

## Youth Lifestyles

### Applicant Information Form

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Prior to approval, this form must be completed and signed by the Applicant

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1. Parent/Guardian Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_, B.C. Postal Code: \_\_\_\_\_

3. Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

4. Parents/Guardian SIN#: \_\_\_\_\_

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5. **Annual Family Income:** \_\_\_\_\_  
(Please attach **Proof of Income**)

6. Activity Description: \_\_\_\_\_  
(please attach copy of the Activity Registration Form)

7. Amount Requested: \_\_\_\_\_  
(registration, activity & equipment fees only)

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8. **Youth's Name:** \_\_\_\_\_

9. **Band Name or Tribal Affiliation:** \_\_\_\_\_

10. **Youth's SIN# (only for youth aged 15 and older) :** \_\_\_\_\_

11. **Youth's Age:** \_\_\_\_\_ Currently enrolled in Grade: \_\_\_\_\_

12. **Birth Date (MM/DD/YYYY):** \_\_\_\_\_

13. Have you applied to this program previously?    YES            NO

14. If YES, please indicate if you were approved and for what Activity?  
\_\_\_\_\_  
\_\_\_\_\_

15. Number of Dependents living with you: \_\_\_\_\_  
Total # of residents in Household: \_\_\_\_\_

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Applicant's Signature (parent/guardian)

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Date

**PART 2- STATEMENT BY APPLICANT**

The Applicant:

1. Certifies that the information contained herein is true, accurate and complete;
2. Agrees to inform SNDS of any material change in the Applicant’s financial circumstances; and
3. Acknowledges that he/she is aware that the Applicant will receive a T4A slip for any sponsored amounts paid by SNDS in excess of \$500.00 and that it is the Applicant’s responsibility to obtain a receipt of payment for the sponsored amounts from the recipient institution for the Applicant’s income tax purposes

**PART 4- CONSENT TO SNDS AND CANADA SHARING INFORMATION**

The Applicant agrees and consents to SNDS sharing the information contained in this form with Human Resources and Skills Development Canada and Ministry of Society Development and Economic Security (collectively referred to as “Canada”) and *All stakeholders*, for the purpose of enabling Canada:

1. to verify the Applicant’s eligibility for, or entitlement to employment insurance benefits;
2. to monitor, assess and evaluate the effectiveness of the assistance provided with funding from Canada; and/or
3. to evaluate the results of all programs.

Any information provided to Canada is protected under Canada’s *Privacy Act* and that the Applicant has a right under the *Privacy Act* to obtain access to that information from Canada.

The Applicant further agrees and consents to Canada sharing with SNDS the information that Canada has on the Applicant for the purposes of enabling SNDS to determine the Applicant’s eligibility for resources, services and funding offered by SNDS, assessing the employment assistance needs of the Applicant and/or determining the appropriate intervention.

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Applicant’s Signature (parent/guardian)

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Date

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Approved (SNDS)

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Date



# Skeena Native Development

## Assumption of Risk, Release of Claims and Indemnity -Parent/Guardian-

To be provided by a parent or guardian or the Participant if the Participant is under the age of 19 at the time of signing the Assumption of Risk, Release of Claims and Indemnity:

1. I am the parent or legal guardian of \_\_\_\_\_  
(the "Participant"). I consent to the Participant participating in the \_\_\_\_\_  
\_\_\_\_\_ (the "Program").
2. I agree that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and I hereby for myself, my heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the undersigned pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the undersigned, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.

\_\_\_\_\_  
(Parent/Guardian's Signature)  
Print  
Name: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)