

Girls Can 2024-2025

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PLEASE COMPLETE ONE APPLICATION FORM PER CHILD

Completed forms can be emailed to miniu@brandonu.ca or mailed to/dropped-off at:
Mini U - Healthy Living Centre, 270 18th Street, Brandon, MB, R7A 6A9

SECTION 1: Participant Basic Information

Child's Last Name		Child's First Name		
Date of Birth (MM/DD/YYYY)	Age (as of Dec 31 2024)	Grade (2024-25 School Yr)	School	
Address		City	Province	Postal Code

The following questions are for the express purpose of sponsorship grants and statistics.

Please check all that apply to your child:

Gender Identity	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other _____				
Race / Ethnicity	<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian	<input type="checkbox"/> Filipino	<input type="checkbox"/> African	<input type="checkbox"/> Black	<input type="checkbox"/> Latino	<input type="checkbox"/> Other _____
Other Demographics:	<input type="checkbox"/> Low-Income	<input type="checkbox"/> Recent Immigrant	<input type="checkbox"/> Refugee	<input type="checkbox"/> Child Living with Disabilities					

SECTION 2: Parent / Guardian Information

First and Last Name (Parent / Guardian #1)		Relation to Student (Parent / Guardian #1)	
Email (REQUIRED for registration confirmation/communication) (Parent / Guardian #1)	Cell Phone (Parent / Guardian #1)	Home Phone (Parent / Guardian #1)	
First and Last Name (Parent / Guardian #2)		Relation to Student (Parent / Guardian #2)	
Email (Parent / Guardian #2)	Cell Phone (Parent / Guardian #2)	Home Phone (Parent / Guardian #2)	
Primary Contact:	<input type="checkbox"/> Parent / Guardian #1 <input type="checkbox"/> Parent / Guardian #2 <input type="checkbox"/> Other _____		

SECTION 3: Emergency Contacts (all parents / guardians are assumed to be an emergency contact unless otherwise indicated)

First and Last Name (Emergency Contact #1)		Relation to Student (Emergency Contact #1)	Cell Phone (Emergency Contact #1)
First and Last Name (Emergency Contact #2)		Relation to Student (Emergency Contact #2)	Cell Phone (Emergency Contact #2)

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SECTION 4: Other Important Information

My child can ONLY be released to: If you wish to add additional people at a later date, please email: miniu@brandonu.ca	<input type="checkbox"/> Parent / Guardian #1	<input type="checkbox"/> Parent / Guardian #2
	<input type="checkbox"/> Emergency Contact #1	<input type="checkbox"/> Emergency Contact #2
	<input type="checkbox"/> Other #1: Name: _____	Cell Phone: _____
	<input type="checkbox"/> Other #2: Name: _____	Cell Phone: _____

Are there any child custody issues that we should be made aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give us details below or attach information to the application.
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Custody Information:

Health information: Please provide details of any allergies, medication requirements, special needs, dietary restrictions or other medical conditions of which we should be made aware. **Please note that since we will be providing food on a weekly basis, it is important Mini U knows of any dietary restrictions.**

	Transportation will be available for those needing assistance getting to and from Girls Can. You must live within Brandon but more than 1 km from Brandon University. Spots are limited. Do you require transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you select "Yes", we will contact you to confirm further details.
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How did you or your child hear about Girls Can? (pick all that apply)

<input type="checkbox"/> My child has attended Girls Can before	<input type="checkbox"/> Brandon Sun Ad	<input type="checkbox"/> Instagram	<input type="checkbox"/> Poster at Business
<input type="checkbox"/> Recommended by child's friend	<input type="checkbox"/> Other Newspaper / Media	<input type="checkbox"/> Employed by BU	<input type="checkbox"/> eBrandon
<input type="checkbox"/> Recommended by parent's friend/family	<input type="checkbox"/> Radio Advertising	<input type="checkbox"/> Facebook	<input type="checkbox"/> Agency: _____
<input type="checkbox"/> Internet	<input type="checkbox"/> Poster at Business	<input type="checkbox"/> School Presentation	<input type="checkbox"/> Other: _____

SECTION 5: Programs & Dates/Times

IMPORTANT: Applying does not guarantee registration. If spots are available, we will contact you to confirm your registration.

Through generous funding provided by the Canadian Women's Foundation, **Girls Can programming is provided completely free of charge** and is open for any youth who identifies as female, non-binary, transgender, or is otherwise gender diverse.

Girls Can (Juniors) -- For ages 8-10 as of December 31, 2024
Wednesday evenings, 6:00 PM - 8:00 PM (drop-off from 5:45 PM - 6:00 PM, pick-up from 8:00 PM - 8:15 PM)
Dates*: Oct. 16, 23, 30; November 6, 20, 27; Dec. 4; Jan. 15, 22, 29; Feb. 5, 12, 26; Mar. 5
***There may also be optional field trips on some weekends. Details TBA.**

Girls Can (Seniors) -- For ages 11-13 as of December 31, 2024
Thursday evenings, 6:00 PM - 8:00 PM (drop-off from 5:45 PM - 6:00 PM, pick-up from 8:00 PM - 8:15 PM)
Dates*: Oct. 17, 24, 31; November 7, 21, 28; Dec. 5; Jan. 16, 23, 30; Feb. 6, 13, 27; Mar. 6
***There may also be optional field trips on some weekends. Details TBA.**

SECTION 6: Attendance Agreement

As a parent or guardian, I understand that **if my child misses two (2) sessions without a valid reason** and if I do not inform Mini U before the session (by calling 204-727-7311 or by e-mailing miniu@brandonu.ca), **my child may be removed from the program immediately.** I have also discussed with my child the importance of attending regularly and the consequences if they do not.

PARENT'S/GUARDIAN'S SIGNATURE	DATE
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SECTION 7: Informed Consent Form

Photography / Multimedia Consent:

I hereby authorize Brandon University's Mini University and Actua, the National organization to which Mini University is a member, to photograph, audio record, video record, podcast and/or webcast the above-named child/youth (digitally or otherwise) without charge: and to allow Mini University and Actua to copy, modify and distribute in print and online, those images that include your child in whatever appropriate way either Mini University and/or Actua sees fit without having to seek further approval. No names will be used in association with any images or recordings.



Initial that you read and agree to the above photography/multimedia consent.

Electronic Storage of Information:

I consent to all registration information I provide (as well as a digital photo of my child to be taken at time of check-in being stored in the United States of America by CampMinder, LLC. I understand that this information is being stored for the purpose of registering my child in Mini University, to keep an enrollment record of campers, and to administer the camp, and that a written agreement is in place with CampMinder, LLC to ensure that this information is stored securely and to ensure it will not be shared with any other party or person without consent from Brandon University and Mini University unless required by law.



Initial that you read and agree to the above electronic storage of information consent.

Mini University Program - Child Informed Consent:

WARNING: By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives Mini University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

PLEASE READ CAREFULLY!

1. I am aware that by allowing my child to participate in the Mini University Program which may include any or all of the Mini University programs. I will be exposing him/her to the following inherent risks, including but not limited to:

GENERAL RISKS:

- theft, vandalism or loss of personal property;
- any manner of injury resulting from use, misuse, non-use and failure of equipment;
- impact with obstructions, other participants, officials or spectators, visible or non-visible;
- potential for bone and muscular skeletal injury, such as sprains and strains;
- episodes of light headedness, fainting, chest discomfort, leg cramps and nausea;
- an increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack.

GYNASIUM ACTIVITY RISKS:

- all manner of injury arising from falling and impacting against the floor surface, walls, apparatus / equipment or the ground;

CHEMISTRY AND BIOLOGICAL MATERIAL RISKS:

- injury due to misuse or equipment or misuse of chemicals (i.e. inhalation of chemicals or burns from chemical misuse, burns from equipment misuse, loss of limb or digits or cuts from equipment misuse)
- chemical and/or food sensitivities (including but not limited to allergic reactions) to materials used in the course such as fish, animals, worms, insects, chemicals, etc.

SWIMMING RISKS:

- any manner of injury resulting from falls on pool decks or diving boards especially when entering or exiting the pool area or water;
- bodily injury, death or spinal injury may be caused by but is not limited to a) sudden immersion b) making contact with the diving board, pool structure, pool deck and /or other participants, visible or non-visible c) drowning or body entrapment.

OUTDOOR ACTIVITY RISKS:

- all manner of injury resulting from falls on steep, icy, slippery or uneven terrain;
- all manner of injury from impact or entanglement with objects, visible or non-visible;
- weather and injury or illness resulting from exposure to cold, wet or windy weather, or the effects of heat and strong sunlight;
- animals: injuries from contact with animals including horses, dogs, snakes, birds, rodents, wood ticks, insects, spiders, etc.;
- other outdoor risks injuries from tree limbs, lightning, exposure to West Nile virus, etc.

ART & CRAFT MATERIAL RISKS:

- the erecting or dismantling of equipment, fumes from paint or paint thinners or spray painting.



Initial that you explained the risks associated with this activity to your child and that he/she understands the risks.

- Mini University may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.
- I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the Instructor. I have explained to my child the need to follow the instructions given by the Instructor.
- That if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained which is up to the requisite standards for the activity in which he/she is participating. I understand that the University accepts no responsibility for any incidents occurring out of the use or misuse of my child's equipment.



Initial that you read and agree to paragraphs 2, 3 and 4.

5. I agree to HOLD HARMLESS AND INDEMNIFY Brandon University, its agents and employees, Actua, and other program supporters from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in this activity.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

PARENT'S/GUARDIAN'S FULL NAME (Please print)	CHILD'S FULL NAME (Please print)
PARENT'S/GUARDIAN'S SIGNATURE	DATE