

Application Package

Adventures in Health Care - Smithers

May 26th - 27th, 2026 (Tues/Wed)

9am – 3pm (to start at the Smithers Campus, those accepted will be notified)

This is an opportunity to meet health professionals and take part in experiential learning. Tours, labs and a mock motor vehicle accident will be included. There is no fee to take part.

Open to those in grades 10 and 11 (grade 12 pending space)

Application deadline: April 21th at 4pm

To apply: fill out the application package and include a 500-word essay (in your own words) as to what personal experience has influenced your decision to pursue an interest in health. (You may be graded on authenticity, reflection, clarity, connection to health, effort and completeness).

Important to note: there may be more applicants than spaces available. We will send you an email if you are accepted and will notify your school.

Email the following forms including the essay to: wtcs@coastmountaincollege.ca or give to your school administrator if there is a point of contact for your school. If you have questions please email lkallio@coastmountaincollege.ca

This application package includes:

- WTCS application form
- Authorization to release information
- Photo Release form
- Risk Form
- Essay instructions (last page)

This opportunity has been made available by the Rotary – Club of Smithers, Northern Health, BCEHS, Smithers Fire Rescue and CMTN College.

Workforce Training & Contract Services APPLICATION FORM



PERSONAL INFORMATION

Have you previously registered in a course or program at Coast Mountain College? Yes No

* Last name:		* First name:		* Middle name:	
* Birthname or other surname(s) if different from above:			*E-mail address:		
* Permanent address (mail will be sent to this address):			Local address (while attending CMTN):		
* City:	* Province:	* Postal code:	City:	Province:	Postal code:
Home telephone #:	Business telephone #:		Cell #:	Other telephone #:	
* Social Insurance Number (SIN):	Female Male	Non-Binary Other	Prefer not to answer	* Date of birth:	YEAR MONTH DAY
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Other Please indicate:			Immigration papers must be attached if applicant is not a Canadian Citizen	
<input type="checkbox"/> Landed immigrant	Country of primary citizenship:				
Optional statistical information: Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No			Emergency contact name:		
If yes, select one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			Telephone: Relationship: <small>(include area or country code)</small>		

COURSE INFORMATION (Please print clearly)

Course name(s)	Course dates	Fees
Total fees		

PAYMENT INFORMATION

Funding agencies must follow instructions below. Students must fill out payment information.

<p>FOR FUNDING AGENCIES:</p> <p>1. Have student complete the information above and sign the back of this form.</p> <p>2. Drop off or Email this completed Application Form along with an Authorization to Invoice letter to your local campus. Contact info for Coast Mountain College campuses is listed on the other side of this form.</p>	<p>FOR STUDENTS:</p> <p>Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Purchase order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/></p> <p>Credit card number: _____</p> <p>Card security code: _____ Expiry date: _____ <small>(found on back of card)</small></p> <p>Cardholder's name: _____</p> <p>Signature of cardholder: _____</p>
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Please note items marked with an asterisk () are mandatory for registration. Birthdate information will be used solely for statistical purposes and to plan future courses and programs. All mandatory information is collected under the authority of the College and Institute Act (RSBC 1996, ch. 52). This personal information will be used to verify the student's Personal Education Number (PEN), required by the Province of British Columbia, or to assign PEN numbers to students. The PEN is used to measure participation of the population in the post-secondary sector and for program research and evaluation. This form will be destroyed once the information has been entered into the college information system.

GENERAL INFORMATION

The College may announce the names of students and use their photographs in promotion and communication materials. Students with privacy concerns are urged to advise campus staff at the earliest possible time.

DECLARATION

1. The information in this registration form is, to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the College as listed on the Coast Mountain College website or as amended by the College Board.
3. I agree to Coast Mountain College's Workforce Training & Contract Services department policies for cancellation, withdrawal and refunds as listed on the Coast Mountain College website.
4. I understand that courses may be subject to minimum enrolments.
5. I understand that personal information from this application will be used to verify my Personal Education Number (PEN) or one will be assigned to me for the purpose of research and evaluation. Any information released will be in a non-identifiable form.
6. I understand that both the information provided and any other information placed on my student record will be protected and used in compliance with *Bill 50 Freedom of Information and Protection of Privacy Act (1992)* and the operations of the College. Information collected and maintained as part of my student record is collected under the authority of the *Colleges and Institutions Act*.

SIGNED: _____ DATE: _____

What grade are you currently in? _____

Have you taken Intro to Health before? _____

CONSENT TO RELEASE STUDENT INFORMATION AUTHORIZATION FORM



In compliance with the Freedom of Information and Protection of Privacy Act, Coast Mountain College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you. The organization or person (s) listed below will still be required to formally request this information from Coast Mountain College.

Contact Information		
NAME		
ADDRESS		CITY PROVINCE
POSTAL CODE	STUDENT NUMBER	PROGRAM
PHONE NUMBER		EMAIL
Part A—Type of Release		
<p>This form authorizes Coast Mountain College to release the following information to the person/organization indicated below.</p> <p> <input type="checkbox"/> Application & Admission Information <input type="checkbox"/> Tuition & Fee Information <input type="checkbox"/> Registration Information <input type="checkbox"/> Government/Private Loan Information <input type="checkbox"/> Academic Record Information: progress, grades, academic standing, graduation etc. <input type="checkbox"/> Awards Information <input type="checkbox"/> Other: _____ </p>		
Person/Organization Authorized to receive the above information for the duration of the release		
<p>Relationship to you:</p> <p> <input type="checkbox"/> Relative <input type="checkbox"/> Organization <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____ </p>		
NAME		
ADDRESS		CITY
PROVINCE	COUNTRY	POSTAL CODE
PHONE NUMBER	FAX NUMBER	EMAIL
PART B—Duration of Release		
Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____		
Student Approval		
By signing below, I hereby authorize Coast Mountain College to release my information indicated in Part A to the person/organization indicated for the specified period of time.		
STUDENT SIGNATURE		DATE

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

Appendix K: Assumption of Risk, Informed Consent, and Release of Liability and Waiver of Claims (June 2021)

Read this document carefully before signing. It affects your legal rights.

Name of Field School: **Adventures in Health Care -Smithers**_____

Student Name (printed): _____

Student Number: *(to be assigned by CMTN)*_____

Birthdate (mm/dd/yyyy): _____ Age: _____

I, the Student named above, intend to participate in the following field trip and activity (the “**Field Activity**”) provided through Coast Mountain College (the “**College**”), on the terms and conditions as set out below:

Acceptance of Risk (Applicable to all Students)

1. I am aware that I may be exposed to risk(s) of bodily injury (including death) and property damage arising from or relating to my participation in the Field Activity (collectively, the “**Risks**”), including those referred to in any orientation or procedural information made available to me by the College (the “**Information**”).

The Risks may include (but are not restricted to) those associated with:

- (a) motor vehicle travel on highways, secondary roads, and rural roads or tracks that may be rough and unpaved;
- (b) urban transportation including cycling and walking;
- (c) urban locations such as businesses, warehouses, or other facilities which may present workplace hazards requiring personal protective equipment;
- (d) coastal, river, and marine environments, including docks and shorelines, such as immersion in cold water, hypothermia, drowning, or any injuries arising from or relating to swimming, offshore boating, and/or the use or operation of small watercraft, such as canoes, kayaks, and rafts;
- (e) forest and alpine environments with hazardous terrain that may include steep, slippery, snowy, or icy surfaces, such as falls from heights, attacks by wildlife, open fires, food spoilage, and/or getting lost;

- (f) remote locations lacking electronic communications and prompt access to first aid, emergency medical assistance, or evacuation; and/or
- (g) unpredictable and severe weather.

By participating in the Field Activity, I understand and accept that any or all of the above risks or hazards may reasonably arise in the course of the Field Activity, at no fault of the College.

2. I understand and agree that I am primarily responsible for my own safety during the Field Activity and that I will at all times during the Field Activity take reasonable and appropriate care of myself.
3. I hereby represent that I possess the ability, fitness, qualification, and skill reasonably required for safe participation in all parts of the Field Activity.
4. I hereby represent that to the best of my knowledge, I do not suffer from any disability or other physical or mental condition or ailment that may affect my ability to fully participate in the Field Activity.
5. As a condition of my participation in the Field Activity, I will, prior to the Field Activity:
 - (a) ensure that I am familiar with all of the Information;
 - (b) ensure that I am familiar with all written instructions and information provided to me by the College concerning any aspect or part of the Field Activity; and
 - (c) seek clarification from a qualified employee of the College with respect to anything in the Information or written instructions or information provided to me by the College relating to the Field Activity upon which I am in any way uncertain or unclear.
6. I will strictly comply with all rules and practices employed by the College and/or the personnel responsible for the conduct and/or oversight of the Field Activity ("**Activity Personnel**") for the purposes of managing and mitigating risks of injury.
7. I will immediately advise Activity Personnel if, at any time during the Field Activity, I become in any way concerned that I may not be able to safely begin or continue any part of the Field Activity.
8. I will not wear, use, or do anything that could reasonably pose a hazard to others, including but not limited to ingesting any substance that could impair my judgment or conduct.
9. I will at all times during the Field Activity strictly comply with any and all directions provided to me by Activity Personnel relating to or concerning safe and appropriate participation in any aspect of the Field Activity.
10. If I am under 19 years of age, I have had full opportunity to obtain advice and guidance from my parent(s) or guardian(s) with respect to all of the Risks and the terms of this document.

Insurance and Other Responsibility

11. I understand and agree that the College does not and will not provide, and is under no obligation to provide, any form of insurance or other resource that would cover or compensate me for personal injury (including death), property damage, other losses including (without restriction), disability and loss of income or third party-liability claims against me.

Service Providers and Private Transportation

12. I understand and agree that the College is not responsible for the acts or omissions of any third-party vendor providing facilities or services for the Field Activity, including food, lodging, travel, gear or equipment, and I hereby release the College and all of its officers, agents, servants, and employees (collectively, the “**Releasees**”) from any and all claims arising from or relating to any act(s) or omission(s) of any and all such third-party vendors.
13. I understand and agree that, in the event that I obtain transportation in a private vehicle, none of the Releasees are in any way responsible for the safety or reliability of that vehicle or its driver or for the status of their insurance and I hereby release the Releasees from any and all claims arising from or relating to my transportation in or use of private vehicles or third-party drivers.

Waiver and Release of Liability

14. In consideration of my participation in the Field Activity, I, on my own behalf and on behalf of my estate, heirs, agents, administrators, and assigns, hereby RELEASE, remise, and forever discharge the Releasees of and from any and all actions, claims, causes of action, and liabilities resulting or arising from, or in any way related directly or indirectly to, the Field Activity, including but not limited to any negligence of any Releasee, breach of contract by any Releasee, breach of duty of care by any Releasee, and breach of any statutory or other duty by any Releasee, including any duty that may be owed under the Occupiers Liability Act (collectively, “**Released Claims**”).
15. I, on my own behalf and on behalf of my estate, heirs, agents, administrators, and assigns, hereby agree not to commence, maintain, continue, or assign any legal proceeding of any kind as against any of the Releasees that in any way arises from or relates to the Field Activity or the Released Claims.
16. I hereby agree not to commence, maintain, continue or assign any claim or proceeding against any person or entity in respect of anything hereby released by me which may result in a claim or proceeding against any of the Releasees. If I do so, I will indemnify and save harmless those Releasees from any and all resulting liabilities, obligations, costs, expenses, and disbursements.

This Form Must be Signed by All Field Activity Participants Whether or Not Aged 19 or Over

I have read and understand this agreement and enter into it of my own free will. I am aware that by signing this agreement I am acknowledging and accepting certain risks, and I am waiving certain legal

rights which I or my heirs, executors, administrators and assigns might otherwise have against the Releasees.

Signed this _____ day of _____, 20_____.

I confirm that I am 19 years or older

Signature of Student

Signature of Parent/Legal guardian (if under 19)

Signature of Witness

Rights & Permission Release



MINORS – 18 years and younger

PLEASE READ CAREFULLY.

In consideration for my child being able to participate in the project to which this Release relates, I agree as follows:

I will allow Coast Mountain College (CMTN) and its representatives to take photographs and video recordings of my child, my child's written and spoken words and my child's art works (the "Images and Recordings").

I hereby grant CMTN the irrevocable non-exclusive right to use, copy, modify, print, display, broadcast, distribute and otherwise publish the Images and Recordings in any form (print, digital, electronic, online, etc.) in connection with CMTN. I understand that CMTN may publish the Images and Recordings online on servers which may be monitored by foreign governments.

I understand and irrevocably agree that CMTN owns the Images and Recordings and all derivative works made from the Images and Recordings. I further waive any privacy rights, personality rights, copyrights, or any other rights my child may have under any statute or law with respect to the Images and Recordings.

I hereby waive any rights to inspect or approve the Images and Recordings and CMTN's use of them. I hereby release, and discharge the CMTN, its employees and agents from and against any claims I or my child may have against CMTN in connection with the Images and Recordings and the use of the Images and Recordings.

This Release binds me, my child and our descendants and legal representatives, now and in the future. The rights granted hereunder are perpetual and irrevocable.

My signature means that I am the parent or legal guardian of this child, and that I have read, understood and accept the terms of this release.

NAME of PARTICIPANT (PRINT)

TEL #

PROGRAM

SIGNATURE

NAME of PARENT / LEGAL GUARDIAN (PRINT)

SIGNATURE

DATE

To be completed by employee

CMTN EMPLOYEE

NAME (PRINT): _____

DATE: _____ LOCATION/EVENT: _____

Forward all signed release forms to Communications Dept. via:

SCAN TO EMAIL: communications@coastmountaincollege.ca

FAX: 250.635.3511 **INTERNAL MAIL:** ATTN Communications Dept. Jackpine Building

MAIL: Coast Mountain College, Attention Communications

5331 McConnell Ave., Terrace, BC V8G 4X2

Essay

Instructions: include a 500-word essay (in your own words) as to what personal experience has influenced your decision to pursue an interest in health. (You may be graded on authenticity, reflection, clarity, connection to health, effort and completeness).
