



## Slocan Valley Youth Network Youth Van User Agreement

Between Slocan Valley Youth Network,  
Parent/Guardian, and Youth Van User

This document states the terms of pick-up and drop-off for SVYN Van agreed upon between the following parties; youth, parent/guardian, and SVYN Representative. **Agreements must be completed in full to be accepted.**

### Youth Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical #: \_\_\_\_\_ Medical Plan #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

### Physical Description

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_

Other Identification (piercings, tattoos, etc.): \_\_\_\_\_

The terms regarding the pick-up and drop-off, of the "Youth", while using the SVYN Van in which all parties agree upon are to be stated in this the document. It is the responsibility of the Parent to request any information regarding policy and procedures. It is the responsibility of the Slocan Valley Youth Network, under the umbrella W.E. Graham Community Service Society, to provide any information regarding policy and procedures to any of the parties named in this document. All parties understand that all SVYN Drivers have the adequate training and have read and abide by the WEGCSS Policy, SVYN Drivers Policy and applicable laws. Any concerns of the Parent/Guardian and/or Youth must be expressed to the SVYN Representative or WEGCSS Executive Director in writing. All concerns expressed in writing will be address and handled as seen fit by SVYN representative. If any parties disagree with the actions taken, all documentation will be forwarded to the WEGCSS Board of Directors for review. All parties understand that all medical conditions and/or medications being taken by Youth must be disclosed and kept on record in order for WEGCSS staff to ensure the best possible safety for Youth. All parties understand that such information and documentation is confidential and will be kept in a secure location. In the case of travel outside of our surrounding communities and/or overnight travel it is policy for WEGCSS to have an up to date picture of Youth for in the case of emergency.

- In the case in which the Parent fails to follow the terms in which are stated, if no cost is incurred to WEGCSS, the Parent will be given a written warning. If failure to follow terms stated reoccurs user (Youth) is subject to lose privilege of usage.
- It is the parent's responsibility to pick up their child from the drop-off locations.
- In the case in which there are to be special arrangements made for pick-up/drop-off it is the parent's responsibility to send a written request to WEGCSS.
- The Parent understands that it is the driver's responsibility to ensure the highest level of safety and will follow WEGCSS Policy.

In such a case in which the Youth fails to follow terms of contract

- The Youth understands that all WEGCSS employees follow WEGCSS Policy, SVYN Policies, Procedures and the law.
- In the case in which the Youth fails to follow the terms in which are stated, if no cost is incurred to WEGCSS, the Youth will be given a written warning. If failure to follow terms stated reoccurs user (Youth) is subject to lose privilege of usage.
- If Youths failure to follow terms stated results in a cost, less than \$1000, incurred to WEGCSS the youth acknowledges responsibility for all financial losses to WEGCSS.
- The Youth understands that it is the driver's responsibility to ensure the highest level of safety and will follow WEGCSS Policy.

**Parent/Guardian Information**

- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_
- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

In the case in which the "Youth" needs medical attention I give WEGCSS permission to take the appropriate measures.

I (Parent/Guardian) \_\_\_\_\_ have read, understand and agree to all the terms of pick-up/drop-off.

I (Youth) \_\_\_\_\_ have read, understand and agree to all the terms of pick-up/drop-off.

\_\_\_\_\_

↓ WE GRAHAM COMMUNITY SERVICE SOCIETY OFFICE ONLY ↓

Date: \_\_\_\_\_

SVY Network Representative \_\_\_\_\_