



2017 NATIONAL CONFERENCE
EDMONTON APRIL 6 TO APRIL 9

Ramada Hotel & Conference Centre *Edmonton, Alberta*

For the most current conference agenda visit www.saddalberta.com

The team at SADD Alberta are excited to be hosting CYAID and having you join us in Edmonton, Alberta for the **27th Annual Canadian Youth Against Impaired Driving National Conference**.

We are hoping that this package of documents and details will assist you in sending in all of your group's required forms to us in one mailing. Please don't forget that there is an early bird rate for you to take advantage of as well.

Please - take the time to make sure that all of your group's forms are completed in full, show the required signatures, etc. so it does not delay the processing of your registration.

All schools/groups must submit the following for a complete registration (mark them off as you check to be sure your registration package is completed):

- | | |
|---|--|
| <input type="checkbox"/> School/Group Registration Form (1 per group or multiple pages for large groups) | <input type="checkbox"/> Release of Liability (1 form required for every person <u>over 18</u> – includes all adults) |
| <input type="checkbox"/> Adult Advisor/Chaperone Information Form (1 per adult delegate) | <input type="checkbox"/> Informed Consent for Minors (1 form required for every person <u>under 18</u>) |
| <input type="checkbox"/> Student Delegate Information Form (1 form required per student delegate) | |

Some forms will **require parent/guardian signatures** so be sure you plan ahead so this can be completed.

Remember ...

If at any time you have questions or require assistance, we are here to help!

Please contact us by email at conference@saddalberta.com

or call us at **403.313.SADD (7233)**

Thank you in advance for taking the time to review the details in this conference package.

This will assist you in knowing what to expect at the conference, and it also assists us in efficiently processing your registration.

This package contains the following:

CONTENTS

DELEGATE FEES.....	3
Delegate Fees Include	3
Accommodation.....	3
All conference sessions and activities.....	3
All conference meals	3
PAYMENT AND CONFIRMATION OF REGISTRATION	4
REGISTRATION INFORMATION	4
* * * SEND IN YOUR FULL PAYMENT AND COMPLETED REGISTRATION FORM TO * * *	4
CONFERENCE RULES.....	5
SAMPLE OF A COMPLETE REGISTRATION FORM	6
SCHOOL/GROUP REGISTRATION FORM	7
ADULT ADVISOR/CHAPERONE INFORMATION FORM	8
STUDENT DELEGATE INFORMATION FORM.....	9
RELEASE OF LIABILITY, WAIVER OF CLAIMS,	10
ASSUMPTION OF RISK AND INDEMNITY	10
INFORMED CONSENT FOR A MINOR TO PARTICIPATE	11

Remember ...
If at any time you have questions or require assistance,
we are here to help!
Please contact us by email at
conference@saddalberta.com
or call us at
403.313.SADD (7233)



BRAVE THE ADVENTURE!

DELEGATE FEES

All delegate fees are applicable to **both** Student Delegates and Adult Advisors/Chaperones.

All delegates **must** have a responsible adult in attendance throughout the conference, activities, etc.

The following charges are based on a **PER PERSON** rate.

Delegate Fees Include

Accommodation

- Includes Thursday, Friday and Saturday night accommodation
 - Ramada Hotel & Conference Centre
11834 Kingsway Avenue NW
Edmonton, AB T5G 3J5

All conference sessions and activities

All conference meals

- Thursday, Dinner
- Friday Breakfast, Lunch and Dinner
- Saturday Breakfast, Lunch and Banquet Dinner
- Sunday Breakfast

You must request your rooms based on the **full capacity in each room** (i.e. you cannot book ONLY 2 students into a room at a quad rate – they would be a double rate).

Rooms are dedicated to your conference attendees and are not shared with others unless this is specifically requested on your registration forms, and has been pre-arranged with the other group involved.

Room Type	Early Bird Rate	Registration Rate	Late Registration Rate
QUAD OCCUPANCY Total 4 delegates per room	\$415.00 per person	\$440.00 per person	\$465.00 per person
TRIPLE OCCUPANCY Total 3 delegates per room	\$450.00 per person	\$475.00 per person	\$500.00 per person
DOUBLE OCCUPANCY ** Total 2 delegates per room	\$525.00 per person	\$550.00 per person	\$575.00 per person
SINGLE OCCUPANCY Total 1 delegate per room	\$725.00 for one person	\$750.00 for one person	\$775.00 for one person

**** Note:** An exception will be made for Adult Advisors in that an Adult Advisor may request a **DOUBLE** room (with two beds) that will be shared with another Adult Advisor attending the conference from another group. Each Adult Advisor would have their own bed in this double room.

Please be sure to book your student delegates into the appropriate type of accommodation, with the indication of the applicable registration rate on your registration sheet.

Registration Deadlines

Early Bird Deadline	Registration Deadline	Late Registration Deadline
Registration must be postmarked and paid by	Registration must be postmarked and paid by	Registration must be paid by
2017 February 10	2017 February 28	2017 March 31

Please contact us at any time to advise us that you will be registering for the conference and to discuss any questions you may have.

PAYMENT AND CONFIRMATION OF REGISTRATION

Please make your registration cheque payable to **SADD Alberta**.

Please use one cheque to pay the entire amount, wherever possible.

Conference registration confirmations will be sent to each school when **FULL PAYMENT** for all delegates has been received by SADD Alberta.

REGISTRATION INFORMATION

- We anticipate our conference block to be booked to capacity.
- If there are additional requests for attendance, we will do our best to increase our hotel block to accommodate everyone in the conference hotel.
- All accommodation will be assigned by SADD Alberta on a “first come – first served” basis **AS FULL PAYMENT IS RECEIVED**.
- Confirmations will be sent upon receipt of full payment for the entire group.
- Please be sure to send your payment promptly.

***** SEND IN YOUR FULL PAYMENT AND COMPLETED REGISTRATION FORM TO *****

Mailing Address

SADD Alberta
 PO Box 7220, Station Central
 Calgary, Alberta T2P 3M1

Courier Address

SADD Alberta
 #13 – 4412 Manilla Road SE
 Calgary, Alberta T2G 4B7

Email: conference@saddalberta.com
Fax: 403.770.8073
Phone: 403.313.7233 (SADD)

CONFERENCE RULES

It is expected that all Adult Advisors will review these rules with their students **BEFORE** they attend the conference.

It is imperative that all delegates are aware that if they break these rules, appropriate action will be taken, whether it is by the Adult Advisors in attendance or at the discretion of SADD Alberta.

ANY delegate who does not adhere to the rules will be barred from attending the remainder of the conference and will not be allowed to remain at the hotel.

***** SADD Alberta reserves the right to remove ANY delegate from the conference at their discretion.*****

- Absolutely **NO DRUGS OR ALCOHOL**, either use of, possession of or both, will be tolerated.
- Delegates must attend all scheduled sessions.
- Curfews must be adhered to without exception.
- Conference 'visitors' are not permitted without the prior approval of SADD Alberta.
- Conference nametags must be visibly worn at all times (these are provided by SADD Alberta upon arrival).
- Students and/or their school will be held responsible for any damage or vandalism caused to the hotel, conference facilities or venues.
- Advisors will be held accountable for the behaviour of their students and are expected to supervise their delegates.

If you have any questions regarding registration, please contact us.

conference@saddalberta.com

or call us at
403.313.SADD (7233)

SAMPLE OF A COMPLETE REGISTRATION FORM

Example Registration for your reference only! Please be sure your forms are complete.

If possible, please type this form. Please ensure all names are correct and information is complete.

Complete School Name	
Our School of Alberta (Please do not use abbreviations)	
School Address (including postal code)	
#13 – 4412 Manilla Road SE	
School Phone Number (with area code)	School Email Address:
403.313.7233	conference@saddalberta.com
Primary Conference Adult Advisor Name	Primary Conference Adult Advisor Email
ImaSeeyou	iseeyou@exampleemail.com
Primary Conference Adult Advisor School Phone Number (with area code)	Primary Conference Adult Advisor Cell Number (with area code)
403.313.7233	403.123.4567
Alternate Conference Adult Advisor Name	Alternate Conference Adult Advisor Email
GunnaHaffun	haffun@exampleemail.com
Alternate Conference Adult Advisor School Phone Number (with area code)	Alternate Conference Adult Advisor Cell Number (with area code)
403.313.7233	403.456.7890

Room # (1, 2, 3, etc.)	Delegate Name In Full First and Last Name (Correct spelling)	Gender (M/F)	Grade or 'A' for Advisor	Room Type (S, D, T or Q)	Room Rate	Misc.
1	Dallas Southern	M	A	S	\$750	
2	ImaSeeyou	F	A	D	\$550	
2	GunnaHaffun	F	A	D	\$550	
3	Wanda Comealong	F	11	Q	\$440	
3	Sally Soby	F	10	Q	\$440	
3	Mary Contrary	F	10	Q	\$440	
3	Jane Doeadeer	F	10	Q	\$440	
4	Cody Western	M	12	T	\$475	
4	Colt Bucket	M	11	T	\$475	
4	Dusty Miller	M	11	T	\$475	

- Please group delegates with their roommates and provide the following information for each:
- Student / Advisor room assignment (Room 1, Room 2, Room 3, Room 4, etc.)
 - Delegate name – *Spelling will be used for delegate nametags, **please be accurate!***
 - Male or Female (no co-ed rooms are allowed).
 - Indicate either the grade the student is in or an 'A' for Adult Advisor for each delegate's name.
 - Indicate applicable delegate registration rate (per person rate as listed on previous page).

THIS PAGE IS AN EXAMPLE FOR YOUR REFERENCE ONLY!

SCHOOL/GROUP REGISTRATION FORM

(This form is to be completed for all groups and accompany the individual registration forms)

If possible, please type this form. Please ensure all names are correct and information is complete. Please use 2 pages if you have more delegates than lines on this page.

Complete School Name	
School Address(including postal code)	
School Phone Number (with area code)	School Email Address:
Primary Conference Adult Advisor Name	Primary Conference Adult Advisor Email
Primary Conference Adult Advisor School Phone Number (with area code)	Primary Conference Adult Advisor Cell Number (with area code)
Alternate Conference Adult Advisor Name	Alternate Conference Adult Advisor Email
Alternate Conference Adult Advisor School Phone Number (with area code)	Alternate Conference Adult Advisor Cell Number (with area code)

Room # 1, 2, 3, etc.	Delegate Name In Full First and Last Name (Correct spelling)	Gender M or F	Grade or 'A' for Advisor	Room Type S, D, T or Q	Room \$ Rate	Misc.

- ▶ Please group delegates with their roommates and provide the following information for each:
 - Student / Advisor room assignment (Room 1, Room 2, Room 3, Room 4, etc.)
 - Delegate name – *Spelling will be used for delegate nametags, please be accurate!*
 - Male or Female (no co-ed rooms are allowed).
 - Indicate either the grade the student is in or an 'A' for Adult Advisorfor each delegate's name.
 - Indicate applicable delegate registration rate (per person rate as listed on previous page).

*If you are an advisor and you **DO NOT** wish to share accommodation with your students, please be sure to indicate a separate room for yourself and whether you wish to be booked into single or double occupancy. Triple or Quad occupancy for adults shall only be booked for advisors if all advisors are attending from the same school and have made this specific request.*

ADULT ADVISOR/CHAPERONE INFORMATION FORM

(This form is required for ALL Adult Advisors/Chaperones. ALL information must be complete.)

SECTION A – Group Information					
School / Group Name (In Full Please)					
School Address					
City/Town		Province			
School Phone (+ Area Code)		Postal Code			
Name of Primary Adult Advisor/Chaperone For Group					
Name of Alternate Adult Advisor/Chaperone For Group					
SECTION B – Adult Advisor / Chaperone Information					
Last Name		First Name			
Home Address					
Home City/Town		Postal Code			
Advisor School Phone		Advisor Cell Phone			
Advisor Email					
Have you attended a CYAID conference before?	Yes	No	Male or Female?	Male	Female
Emergency Contact Name			Relationship		
Emergency Contact Phone			Emergency Contact Cell #		
Please note any serious medical conditions that we should be aware of during your conference attendance to ensure your safety (i.e. Asthma, Severe Allergies, Epilepsy, etc.):					
<i>Please Note: This is confidential information and SADD Alberta shall only share this information in case of an emergency or to ensure the delegates well-being.</i>					

STOP – Please go back and make sure all boxes are filled in and complete.

SADD Alberta Use Only			
Payment Received		Medical Alert	
Room Type		Additional Advisors	
Booking Number			
Hotel Room Number			

STUDENT DELEGATE INFORMATION FORM

(This form is required for ALL student delegates. ALL information must be complete.)

SECTION A – Group Information				
School / Group Name (In Full Please)				
School Address				
City/Town		Province		
School Phone (+ Area Code)		Postal Code		
What is the name of Adult Advisor / Chaperone attending with you?				
SECTION B – Student Delegate Information				
Last Name		First Name		
Home Address				
Home City/Town		Postal Code		
What Grade are you in?		Male or Female?	Male	Female
Student Phone		Parent Phone		
Student Cell Number		Parent Cell Number		
Student Email		Parent Email		
Have you attended a CYAID conference before?	Yes	No	If Yes, where?	
Emergency Contact Name			Relationship	
Emergency Contact Phone			Emergency Contact Cell #	
Please note any serious medical conditions that we should be aware of during your conference attendance to ensure your safety (i.e. Asthma, Severe Allergies, Epilepsy, etc.):				
<p><i>Please Note: This is confidential information and SADD Alberta shall only share this information in case of an emergency or to ensure the delegates well-being.</i></p>				

STOP – Please go back and make sure all boxes are filled in and complete.

SADD Alberta Use Only			
Payment Received		Medical Alert	
Room Type			
Booking Number			
Hotel Room Number			

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
 ASSUMPTION OF RISK AND INDEMNITY**
(This form is required for ALL delegates OVER the age of 18)

School / Group Name			
City/Town		Province	
Delegate Last Name		Delegate First Name	

***By signing this document, you will waive certain legal rights, including the right to sue.
 Please read carefully!***

- I, the undersigned, understand and acknowledge my participation in the Canadian Youth Against Impaired Driving National Conference (CYAID) in Edmonton, Alberta from April 6 to April 9, 2017 (“Event”).
- I understand and acknowledge that this Event has risks and hazards that might result in personal injury, property damage or loss, and possible death.
- I understand that the travel associated with the Event adds additional risk. I fully understand these risks and hereby agree to participate in the Event voluntarily, at my own risk.
- I warrant that I am physically, mentally and emotionally fit to participate in the Event.
- I understand, agree and acknowledge that by choosing to participate in the Event, it brings with it the assumption by me of the risks and I assume full responsibility to be aware of the risks and the choices available to me relative to those risks.
- I shall indemnify and save harmless the Students Against Drinking and Driving Association of Alberta (2017 CYAID Conference Hosts), all of its employees, officials, officers and authorized representatives from and against all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, legal fees, costs and expenses of whatsoever kind or nature in any manner directly or indirectly caused by myself in connection with or incidental to my participation in the Event.

I declare that I have read, understood and agree to the contents of this Release of Liability in its entirety.

Dated Signed:	
Delegate Full Printed Name	
Delegate Signature	
Witness Full Printed Name	
Witness Signature	

INFORMED CONSENT FOR A MINOR TO PARTICIPATE

(This form is required for ALL delegates UNDER the age of 18)

School / Group Name			
City/Town		Province	
Delegate Last Name		Delegate First Name	
Age of Delegate at CYAID		Delegate's Grade	

- I, the undersigned parent or legal guardian, understand and acknowledge the participation of the above noted Delegate ("Child"), who is a minor, in the Canadian Youth Against Impaired Driving National Conference (CYAID) in Edmonton, Alberta from April 6 to April 9, 2017 ("Event").
- I understand and acknowledge that this Event has risks and hazards that might result in personal injury, property damage or loss, and possible death.
- I understand that the travel associated with the Event adds additional risk. I fully understand these risks and hereby agree to have my Child participate in the Event voluntarily, at my own risk.
- I warrant that my Child is physically, mentally and emotionally fit to participate in the Event.
- I understand, agree and acknowledge that by choosing to have my Child participate in the Event, it brings with it the assumption by me and by my Child of the risks and I assume full responsibility to instruct my Child about the risks and the choices available to him or her relative to those risks.
- I shall indemnify and save harmless the Students Against Drinking and Driving Association of Alberta (2017 CYAID Conference Hosts), all of its employees, officials, officers and authorized representatives from and against all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, legal fees, costs and expenses of whatsoever kind or nature in any manner directly or indirectly caused by any act of my Child in connection with or incidental to my Child's participation in the Event.

By signing this document, I understand and accept the risks associated with the Event for my Child, as his or her parent or legal guardian. I have read this form carefully.

Please check this box and initial here _____

I, as the legal parent/guardian of this Child, declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.

Dated Signed:	
Parent / Guardian Full Printed Name	
Parent / Guardian Signature	
Witness Full Printed Name	
Witness Signature	