

February 12th, 2009  
4 PM – 9PM  
Douglas College. BC  
Room: Theatre 2201

Please confirm and contact: [tgirault@cad.ca](mailto:tgirault@cad.ca)

Project from Canadian Association of the Deaf  
[www.cad.ca](http://www.cad.ca)

Youth aged 17 at 30

Deaf or Hard of Hearing (ASL-LSQ, cochlear implants, Oral);

Eligible participants can be either in full-time or part-time post secondary studies.

"coffee chats" at the university or college Student service centers, or Deaf organizations for develop strategies and tools for resolving issues of importance to youth;

Web site [www.way-atj.com](http://www.way-atj.com) with vlogs, chats, e-mails, links, information, workshop calendars;

**Goal:** is to help youth become "job ready" by offering workshops and "Coffee chats" in three different areas of employment: working in the Deaf community, working outside the Deaf community, or in self-employment.

**WORK ALLIANCE FOR YOUTH –February 10th, 2009**

**Participants Name:**

I \_\_\_\_\_, give permission to  
\_\_\_\_\_, to participate in *Deaf Youth: Work Alliance for Youth*, on February 12<sup>th</sup> 2009 at the Douglas College, New Westminster, BC.

I \_\_\_\_\_, give permission to  
\_\_\_\_\_, to have their photograph taken and to be videotaped during the conference. These photographs may be published in a newsletter, article or be used for promotion of future conferences involving Deaf Youth.

I \_\_\_\_\_, understand that during the conference there will be off-site activities and the appropriate transportation will be provided.

**Emergency Contact Info:**

**Name:**

**Phone Number:**

**Participants Health Care Card Number:**

**Signature:**

**Date:**

Canadian Association of the Deaf, suite 203, 251 Bank Street, Ottawa (Ontario) K2P 1X3  
TTY (613) 565-8882, Voice (613) 565-2882, Fax (613) 565-1207  
E-mail: HYPERLINK "<mailto:info@cad.ca>" [info@cad.ca](mailto:info@cad.ca)

The Canadian Association of the Deaf is an affiliate of the World Federation of the Deaf  
Charitable Business No 108075003 RR001

## PHOTO/VIDEO- AUTHORIZATION

I authorize the Canadian Association of the Deaf to use without expense

Photo or Video of me: -----  
(Name)

In publication

In the website of the project Work Alliance for Youth (vlogs, information...)

Or in the following promotional publications of the CAD

Catalogs or pamphlets

Information Path (Notebook, DVD)

Workshops

Name in PRINT: -----.

Date: ----- Signature: -----

Authorization of a person in charge of the person who is less than 18 years:

Name in PRINT: -----.