



Member EVENT Registration Form 2011-12

4-H Event/Program: _____ Date of Event: _____

Prior to acceptance in this 4-H event, we require signatures indicating that members and parents/guardian agree to the following conditions.

This form is to be signed and completed by a parent or guardian. Accurate and complete information is essential to ensure adequate supervision and protection while participating in the event. This information is confidential and will be available only to 4-H staff/volunteers administering the event and a physician, if necessary.

Application Details

Name: _____

Club: _____ AREA COUNCIL

Male __ Female__ Age __ BIRTHDATE _____

Address: _____ Town: _____ Postal Code: _____

Telephone(s): _____

Email Address(es) (email suitable for correspondence list) **PRINT:** _____

Permission/Waiver

I certify that my son/daughter has my permission to participate in the above mentioned 4-H event. I recognize the 4-H program will provide a safe and educational environment to the best of their ability. However, inherent risks associated with this type of activity may occur. I agree that his/her participation is at his/her own risk. I further agree that he/she will remain with the program at all times and will adhere to the behaviour and cancellation policies in place for this event.

Signature of 4-H member if over 18 years of age Signature of parent/guardian
(if member is under 18 years of age)

Emergency Contact Information

Name: _____ Relationship to Member: _____

Phone No. 24 hour access (work, home, cell): _____

Doctor's Name: _____ Telephone: () _____

MB Health #: _____ Personal Health #: _____

Any medical conditions concerning your son/daughter that we should be aware of?
(Special diet, allergies, medication, recent illness, physical limitations, etc)

As the parent or guardian of the member, under circumstances as stated below, I hereby authorize the staff/volunteer in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my son/daughter or ward, and I agree to accept the financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

- 1. Where the health and well being of the member is involved.
- 2. Where medical advice has been such that further services are required – services which require the consent of the parent or guardian.
- 3. Where all attempts to contact the parent or guardian have failed, or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the staff-in-charge of the program to decide what steps must be taken for the welfare and safety of the member.

Signature of parent/guardian

If member is under 18, name(s) of person member may be released to (pick up from site by):

Name 1: _____ Relation: _____

Name 2: _____ Relation: _____

Photo Release

At various 4-H events, we like to take pictures of the fun activities that happen for possible use on the 4-H website or in 4-H publications that promote 4-H. We request your permission to use pictures of yourself (if over 18) or son/daughter participating in 4-H events.

- I hereby authorize 4-H Manitoba Council to use photographs of my son/daughter or myself (if over 18) with our names on the 4-H website and/or in 4-H publications which promote 4-H activities.
- Please do not use photographs of my son/daughter or myself (if over 18) on the 4-H website and/or publications that promote 4-H.

Signature of 4-H member if over 18 years of age
(if member is under 18 years of age)

Signature of parent/guardian

Dated this _____ day of _____ (month), _____ (year).

Please return form – with event fee where required– to: **4-H Manitoba Council, 1129 Queens Ave, Brandon MB R7A 1L9** Ph: 204-726-6136, Fax: 204-726-6260, email: 4hcouncil@mts.net (no "i" in council)

Privacy Policy:

4-H Manitoba Council respects the **privacy** of our 4-H members and leaders. Your personal information is collected, used and disclosed for the purposes of keeping you informed and delivering 4-H programs, services & opportunities and for statistical or archival purposes. To learn more about the 4-H Manitoba commitment to privacy, check out the website www.4h.mb.ca

Cancellation -Refund Policy:

For trips or **conferences** not involving travel / airline reservation: refund of registration fee will be granted if the cancellation is received by the 4-H Manitoba Council office twenty-one (21) days or more before the

earliest of departure or event–start date.

If cancellation is less than 21 days, the delegate will forfeit the registration fee. Policy 3–01–08.

Insurance–Reminder:

Insurance covers all 4–H members, leaders and staff and any designated event volunteers **and invited participants** but does not cover non–4H siblings or adults. Insurance Fact Sheets are on the 4–H Council website: <http://4h.mb.ca/insurance.php>

Report any incidents ASAP to the closest MAFRI 4–H liaison who sends an **Incident Report** to the 4–H Council office..