



## Member Event Registration Form

### This document applies to: Event Participants

- Prior to acceptance in this 4-H event, this form must be completed and signed as applicable indicating agreement to the following conditions.
- 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.

4-H Event/Program: \_\_\_\_\_ Date of Event: \_\_\_\_\_

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### Application Details:

Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_  
(dd/mm/yy)

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email Address(es): (email *suitable* for correspondence list) Print: \_\_\_\_\_

Club: \_\_\_\_\_ Area Council: \_\_\_\_\_

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### 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 behavior and cancellation policies in place for this event.

\_\_\_\_\_  
Signature of parent/guardian  
(If member is under 18 years of age)

\_\_\_\_\_  
Signature of 4-H member if over 18 years of age

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### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ MB Health #: \_\_\_\_\_  
9 digit

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

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As the parent or guardian of a member under 18, 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, please sign if they will be driving themselves to event \_\_\_\_\_  
(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/Video Release:

At various 4-H events, we like to take photo/video images 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 photo/video images of yourself (if over 18) or son/daughter participating in 4-H events.

I hereby authorize Manitoba 4-H Council Inc. to use photo/video images 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.

- Yes
- No

\_\_\_\_\_  
Signature of parent/guardian  
(If member is under 18 years of age)

\_\_\_\_\_  
Signature of 4-H member if over 18 years of age

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Please return form (with event fee where required) to either:  
**Manitoba 4-H Council Inc., 1129 Queens Ave, Brandon MB R7A 1L9 Ph.: 204-726-6136, Fax: 204-726-6260**  
or your local event organizer as appropriate.

#### Privacy Policy:

Manitoba 4-H Council Inc. 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](http://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 Manitoba 4-H 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-4-H siblings or adults. Insurance Fact Sheets are on the 4-H Council website: <http://4h.mb.ca/insurance>  
**Report any incidents ASAP** to the 4-H Council office.

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