



Member Event Registration Form

Please complete page 1 and 2

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: **Intermediate Member Event**

Date of Event: **May 3rd to 5th, 2019 Inglis, MB**

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: _____

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

Emergency Contact Information:

Name: _____ Relationship to Member: _____

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

Doctor's Name: _____ Phone: _____ MB Health #: _____

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

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

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

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.

COPY RETAINED BY MANITOBA 4-H COUNCIL INC.

Important Notes

- Registrations will be accepted until Friday, April 5th, 2019. A waiting list will be created in the event spaces fill up.
- The Cancellation Refund Date is April 12th. Refunds of registration fees will be granted up to and including April 12th if you are not able to attend.

About the Event

- Registration at this event will start at 7:15 pm on Friday, May 3rd. The event will start at 8:15 pm. If you know ahead of time you will arrive later than 8:15, please contact Program Coordinator, Courtney Newton at the M4HC office 204-726-6136 or email cnewton@4h.mb.ca.
- We will provide a light snack on Friday evening, please ensure the members have had supper before arriving.
- The event will end at noon on Sunday, May 5th. The members will be sent home with a bagged lunch.
- A schedule and packing list will be sent to all registered members after registration closes.

Direction to Inglis Community Hall

If you would like to carpool to this event, please make a note on your registration form or contact Program Coordinator, Courtney Newton at the M4HC office 204-726-6136 or email cnewton@4h.mb.ca.

Directions from Russell

- Turn north onto Provincial Trunk Highway 83 N and drive for 18.8 km
- Turn east onto MB-366 N (signs for Inglis) for 3.9 km
- Turn right onto Ploeg St and drive for 350 m
- Turn right at the 2nd cross street onto Anzac Avenue. The hall is on the south east corner of the intersection.

Directions from Roblin

- Turn south onto Provincial Trunk Highway 83 S and drive for 32.8 km
- Turn east onto MB-366 N (signs for Inglis) and drive for 3.9 km
- Turn right onto Ploeg St and drive for 350 m
- Turn right at the 2nd cross street onto Anzac Avenue. The hall is on the south east corner of the intersection.

