4-H Manitoba Club & Area Council

Participant Event Registration Form

For Use by Clubs and/or Area Council Event Coordinators

Please complete Pages 1 and 2

Important Information:

- Prior to acceptance in this 4-H event, this form must be completed and signed as applicable indicating agreement to the identified 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 and club/area council volunteers administering the event and a physician, if necessary.

4-H Event/ Program	Date of Event

Application Details

Name	Birthdate *yyyy/mm/dd*	Male ❑ Female ❑ Other ❑
Address	Town	
Postal Code	Telephone(s)	
Email Address(es) suitable for correspondence (*Print*)		
Club	Area Council	

Participation Waiver:

- I am the participant (if age 18 and older) OR the Parent/Guardian of _____ (if under age 18) and hereby certify that my child/ward 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 my / my child/ward's participation is at my/their own risk.
- I agree that I / my child/ward will remain with the program at all times and will adhere to the behavior and cancellation policies in place for this event.

_____ _____

4-H Participant Signature *(If participant is 18 years of age and over)* Date

_____ _____

Parent/Guardian Signature *(If participant is under 18 years of age)* Date

If participant is under age 18, please check one of the following and sign below:

❑ Participant will be driving themself to event; OR:

❑ Name(s) of person(s) that the participant may be released to (picked up from site by)

Name	Relationship to Participant
Name	Relationship to Participant

Parent/Guardian Signature	Date

Emergency Contact & Medical Information

Contact Name	Relationship To Participant
Telephone 24-hour access (work, home, cell)	Participant 9-Digit MB Health #
Doctor Name	Doctor Telephone

List Medical Conditions concerning you / your child/ward (Special diet, allergies, medication, recent illness, physical limitations, behavioral issues, etc.)

Medical Release: I, (as the participant) OR I, (as the parent or guardian of a participant under the age of 18), under circumstances as stated below, 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 me/my child/ward, and I agree to accept the financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

- Where the health and well-being of the participant is involved.
- Where medical advice has been such that further services are required (services which require the consent of the adult participant or the parent/guardian).
- Where the adult participant is unable to give consent OR all attempts to contact the parent/guardian have failed, or where due to the nature of the emergency there is insufficient time for agreement by the adult participant or to contact such parent/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 participant.

Signature: Participant OR Parent/Guardian	Date

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 or on other digital platforms. We request your permission to use photo/video images of you (if age 18 and over) or your child/ward participating in 4-H events.

I hereby authorize Manitoba 4-H Council Inc. and/or the 4-H Club or Area Council organizing this event to use photo/video images of me (if age 18 and over) or my child/ward (if under age 18) with either my/our ***first name or club name****, on the 4-H website, in 4-H publications and/or other digital platforms which promote 4-H activities.*

Yes ❑ No ❑

_____ _____

4-H Participant Signature *(If participant is 18 years of age and over)* Date

_____ _____

Parent/Guardian Signature *(If participant is under 18 years of age)* Date

Please return form (with event fee where required)

SW Area 4-H Council Junior/Cloverbud Event, c/o Amanda Slashinsky
223 Douglas St. Brandon MB R7A 5T2 Phone: 204-726-4800

Privacy Policy: *Manitoba 4-H Council Inc. respects the* ***privacy*** *of our 4-H participants 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

Insurance - Reminder: *Insurance covers all 4-H participants, 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 Manitoba 4-H Council Inc. (M4HC) website: http://4h.mb.ca/insurance.* ***Report any incidents ASAP using the i-Sight system on the M4HC website.***

COPY RETAINED BY 4-H MANITOBA CLUB / AREA COUNCIL AS IDENTIFIED