

March 15–16, 2010  
Radisson in Roseville, Minn.

# Youth Cooperative Leadership Conference



Seventy youth participated in the 2009 Minnesota Youth Cooperative Leadership Conference.

Presented by:



## Who is encouraged to attend?

- High school students in grades 10-12 are eligible.
- Students that are members of FFA, 4-H, DECA, FBLA, FHA/HERO, VICA, HOSA and other groups would be excellent candidates for the conference.
- Students whose parents and grandparents are members of cooperatives in your hometown also make great candidates.

## What is the Youth Cooperative Leadership Conference?

Cooperative Network proudly offers the Minnesota Youth Cooperative Leadership Conference as an opportunity for young people to develop an understanding and appreciation of the purpose, operation, and scope of cooperative business.

A real, working cooperative will be formed and operate during the conference. Students will also learn from speakers with powerful messages about leadership and the value of cooperation. This conference provides an opportunity for students to develop new friendships and meet youth leaders from all over the state.

## What is the cost to attend?

Due to the generous contributions from foundations and member cooperatives, we are able to offer this two-day conference for only \$150 per person. The registration fee covers food, lodging, speaker fees, conference T-shirt, and educational materials.

There are some full and partial scholarships available to apply towards the registration fee for students without cooperative sponsors.

## How do I get involved?

Enclosed are registration forms for students and chaperones (make additional copies as needed). Completed registration forms with payment and signed parental permission must be received at the Cooperative Network Madison office no later than **February 20, 2010**.

Cooperatives are encouraged to work with their local agriculture instructors, business education teachers, vocational student organization advisors, and 4-H leaders to identify potential students to sponsor to this conference.

Cooperatives who are not Cooperative Network members may still sponsor students to the conference.

## Student Testimonial:

*"The sessions taught us how cooperatives benefit their members and give back to the community at large. I am a member of two co-ops, and I believe that it is through conferences such as this that young leaders can learn about co-ops, and be inspired to support them and the values for which they stand."*  
–Charli Rae, AFSA High School Ambassador, 2008 Participant

## Conference Agenda

### Monday, March 15

- 7 a.m.–Midnight Co-op Store Open  
8–10 a.m. Registration – Hotel Lobby  
Group Photos
- 10–11 a.m. Opening Session  
Welcome and Overview of Conference  
Youth Board Introductions  
Youth Mixer  
Running for the Youth Board  
Let's Cooperate  
A Co-op Store for Us
- 11 a.m.–Noon Co-ops 101  
Lisa Moorhouse, CHS, St. Paul, MN
- Noon–1 p.m. Lunch
- 1–2 p.m. Co-ops 101 (Continued)
- 2:05–2:45 p.m. Team Meetings  
(Working on cooperative case studies led by Youth Board)
- 2:45–3 p.m. Break (Visit the Co-op Store)
- 3–6 p.m. Breakthrough Leadership  
Craig Hillier, CSP, Winning Edge Seminars
- 6:10 p.m. Youth Board Interviews
- 7:20 – 8:15 p.m. Banquet  
Announcement of Youth Board Candidates
- 9–11:30 p.m. Dance and Ice Cream Social
- 9–11:45 p.m. Visit the Co-op Store
- Midnight Lights Out!



### Teacher Testimonial

*"The Youth Cooperative Leadership Conference is a fabulous opportunity for students to learn about cooperatives and leadership as well as make connections with youth from around the state of Minnesota. Any cooperative will likely sponsor your students to this conference! Students will be engaged and experience opportunities in operating a cooperative at the conference in addition to having the chance to run for the 2010 Co-op Youth Board. Students will definitely want to attend this conference year after year!"*

–Mary Hoffman, Sleepy Eye High School

### Tuesday, March 16

- 7–7:45 a.m. Breakfast
- 7:45–10:15 a.m. Co-op Store Open
- 7:50–8:30 a.m. General Session  
Eye-Opener and Case Study Reports
- 8:35–10:35 a.m. Concurrent Sessions  
(Choose to attend three)
- 8:35 – 9:10 a.m. Session I  
9:20 – 9:55 a.m. Session II  
10:00–10:35 a.m. Session III

### Session Topics:

#### Procedures for Conducting Successful Meetings

Dr. Gerald Matteson  
Professor Emeritus and former Assistant Dean  
College of Agriculture, Food and Environmental Sciences  
UW-River Falls, River Falls, WI

#### Financial Literacy

#### Electric Cooperatives Today

Randy Fordice, Project Communications Specialist  
Great River Energy Cooperative, Maple Grove, MN

#### Preparing for College

Angela Fredricks, Recruiter and Academic Advisor  
University of Minnesota, St. Paul, MN

- 10:35 a.m. Break—Visit the Co-op Store, Hotel Checkout
- 11–Noon SOS Players – Hudson, WI  
The acting troupe's primary goal is to promote individual responsibility and demonstrate the power that each person has to determine their future by the choices they make. SOS aims to leave each student feeling hopeful, empowered and informed.
- 12:05–1 p.m. General Session  
Election of Youth Board  
Closing Speaker  
Sydney Place, University of Minnesota  
Student and former MN State FFA President  
Snack Store Co-op Report  
Closing Remarks by Youth Board  
Announcement of 2010-2011 Youth Board
- 1 p.m. Pick Up Box Lunches – Hotel Lobby  
Have a Safe Trip Home!

### Contact Info:

#### Cooperative Network

David Erickson  
(608) 258-4405  
david.erickson@cooperativenetwork.coop  
—or—  
Amy Fredregill  
(651) 228-0213  
amy.fredregill@cooperativenetwork.coop

# DELEGATE INFORMATION FORM

## Minnesota Cooperative Youth Leadership Conference March 15-16, 2010 Radisson Hotel, Roseville, MN

RETURN FORMS BY: February 20, 2010

To: **Cooperative Network**  
131 W. Wilson St., Suite 400  
Madison, WI 53703-3269  
Fax: (608) 258-4407

**NO ONE MAY ATTEND THE MEETING WITHOUT A SIGNED  
PARENTAL PERMISSION SLIP.**

Please **print legibly** or type:

INCOMPLETE REGISTRATIONS WILL BE RETURNED.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Organizing Individual (teacher/youth leader) Name and Phone \_\_\_\_\_

Organizing Individual email address \_\_\_\_\_

Hometown newspaper name \_\_\_\_\_ Phone number \_\_\_\_\_

Newspaper fax \_\_\_\_\_ Newspaper email \_\_\_\_\_

Name of local FFA or 4H club if you are a member: \_\_\_\_\_

### SPONSOR INFORMATION:

Sponsor organization: \_\_\_\_\_

Sponsor address: \_\_\_\_\_

Sponsor contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Sponsor **contact person email:** \_\_\_\_\_

**REGISTRATION FEE IS \$150 PER INDIVIDUAL.** I agree to sponsor the above student for the amount of \$150. A Sunday night lodging fee is approved by me. Yes / No (Circle one)

Sponsor signature: \_\_\_\_\_

### IS SUNDAY NIGHT LODGING REQUIRED? [ ] YES [ ] NO (COST \$45)

THE COST WILL BE **YOUR EXPENSE UNLESS APPROVED BY THE CO-OP IN ADVANCE, AND IS BASED UPON THE ASSUMPTION OF AT LEAST 3 PEOPLE PER ROOM. SUNDAY LODGING WILL NOT BE PROVIDED WITHOUT ADVANCE RESERVATION.**

List other participants who will be riding with you to the conference.

\_\_\_\_\_

**Please specify any disability accommodations needed** (indicate number of registrants needing one or more of the following to participate in this conference):

\_\_\_\_ Dietary restrictions/vegetarian; please specify \_\_\_\_\_

\_\_\_\_ Braille materials \_\_\_\_ Taped or large print materials \_\_\_\_ Barrier-free room

\_\_\_\_ Interpreter (e.g. ASL, signed English), please specify \_\_\_\_\_

\_\_\_\_ Accessible parking space \_\_\_\_ Wheelchair or Scooter User

Other (specify): \_\_\_\_\_

**Requests must be made before the final registration deadline. After the deadline, no guarantee can be made for diet or other accommodations.**

*-- Over --*

*Signed Release on Reverse Must be Complete for Student to Attend Conference*

# Youth Leadership Conference Release

PLEASE NOTE: Each release must include the completed and signed Agreement for Assumption of Risk, Hold Harmless, Indemnity, Medical and Consent for Emergency Information (please sign in all 5 places).

This form must be complete in order to attend the conference.

Student's Name \_\_\_\_\_  
Gender F M Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone/Pager (\_\_\_\_)\_\_\_\_-\_\_\_\_  
2nd Parent (or other adult emergency contact)  
Name \_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone/Pager (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship \_\_\_\_\_

## AGREEMENT FOR ASUMPTION OF RISK, HOLD HARMLESS, INDEMNITY, AND CONSENT FOR EMERGENCY TREATMENT

*\*If your son, daughter or ward will be under 18 while participating in recreational activities related to the Youth Leadership Conference, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.*

I agree to register myself (if 18 or over)/my child (if under 18) (print name) \_\_\_\_\_, age \_\_\_\_\_, to participate voluntarily in the Youth Leadership Conference, an educational program conducted by Cooperative Network. My/my child's participation in the Youth Leadership Conference is wholly voluntary.

I understand that I am being asked to read each of the following paragraphs CAREFULLY and to sign each section (total of 5).

### Assumption of Risk:

I understand that physical activity related to the Youth Leadership Conference, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that I have been advised to have health and accident insurance in effect for myself/my child, and that no such coverage is provided for me/my child by Cooperative Network. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my/my child's participation is voluntary and that I knowingly assume all such risks.

I agree that I am/to instruct my child that he or she is expected to obey and remain in the presence, custody of program personnel, to abide by their instructions and the safety rules and regulations, as set and directed by Youth Leadership Conference program /staff . Misbehavior that, in the opinion of the program staff or director, results in risk to me/my child or other participants or that causes or threatens disruption to the program will disqualify me/my child from further participation.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

### Hold Harmless, Indemnity and Release:

In consideration of permission for me/my child/ to voluntarily participate in the Youth Leadership Conference today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release Cooperative Network and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my/my child's participation in the above-listed program. This release includes claims based on the negligence of the Cooperative Network and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand and agree that this waiver covers each and every Youth Leadership Conference program activity and event in which I/my child participate(s). I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

### Consent for Emergency Treatment:

I authorize Cooperative Network and their designated representatives to consent, on my/my child's behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

### Medical and Emergency Information:

In case of an emergency and in the event a parent or guardian cannot be reached, contact the following individuals:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
or

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Daytime phone \_\_\_\_\_

### Medical Conditions/Special Needs

For the safety of each registrant, it is important that the staff is aware of any special medical conditions or allergies. Youth Leadership Conference staff cannot administer or carry any medication.

Please answer the following questions in full. (Add page if necessary)  
My/my child's state of health:

If you/your child has special needs in the classroom (e.g. allergies, diabetes, heart or respiratory conditions, attention deficit disorders, learning disabilities, etc.), please explain how we can best accommodate this within the existing Youth Leadership Conference structure and program:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

### Photograph/Video Release:

I understand that Cooperative Network may take photographs/video of Youth Leadership Conference participants and activities. I agree that Cooperative Network shall be the owner of and may use such photographs/video relating to the promotion of future programs. I relinquish all rights that I may claim in relation to the use of said photographs/video.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

# CHAPERONE / INSTRUCTOR REGISTRATION FORM

**Minnesota Cooperative Youth  
Leadership Conference  
March 15-16, 2010  
Radisson Hotel, Roseville, MN**

To: **Cooperative Network**  
131 W. Wilson St., Suite 400  
Madison, WI 53703-3269  
Fax: (608) 258-4407

RETURN FORMS BY: February 20, 2010

Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Sponsor: \_\_\_\_\_

Sponsor Email Address: \_\_\_\_\_

\_\_\_\_\_ \$165.00 Conference fee per chaperone based on double occupancy\*

\_\_\_\_\_ \$225.00 Conference fee per chaperone based on single occupancy\*

\_\_\_\_\_ **I require Sunday night lodging. Advance arrangements must be made with your sponsor. Sunday night lodging fees are not included in the conference registration fee. The cost is \$93.**

- Conference fee includes Monday night lodging, meals, breaks, speaker fees, conference t-shirt, and conference materials.

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**Please specify any disability accommodations needed** (indicate number of registrants needing one or more of the following to participate in this conference:

\_\_\_\_\_ Dietary restrictions/vegetarian; please specify \_\_\_\_\_

\_\_\_\_\_ Brailled materials \_\_\_\_\_ Taped or large print materials

\_\_\_\_\_ Interpreter (e.g. ASL, signed English), please specify \_\_\_\_\_

\_\_\_\_\_ Accessible parking space \_\_\_\_\_ Wheelchair or Scooter User

\_\_\_\_\_ Barrier-free room \_\_\_\_\_ Other

(specify): \_\_\_\_\_

**Requests must be made before the final registration deadline. After the deadline, no guarantee can be made for diet or other accommodations.**

**For further information, call: (608) 258-4400 or (651) 228-0213**