

Co-ops YES! registration due February 23, 2012

STUDENT REGISTRATION FORM

- Duplicate this form as needed
- Please print legibly or type
- Incomplete registrations will be returned

Name _____ Address _____
City _____ State _____ Zip Code _____ County _____
Email address: _____ Cell Phone: _____
Telephone No. (____) _____ Sex (M / F) _____ Age _____ Birth date ____/____/____
School: _____

SPONSOR INFORMATION:

Complete name and address: _____

Contact Person: _____ Telephone: (____) _____ Ext. _____

Email address: _____ (We will send press release and photo after the conference)

REGISTRATION FEE IS \$190 PER INDIVIDUAL. I agree to sponsor the above student for the amount of \$190. A Sunday night lodging fee is approved by me. Yes / No

Sponsor signature: _____

IS SUNDAY NIGHT LODGING REQUIRED? [] YES [] NO (COST \$57)

THE COST WILL BE **YOUR EXPENSE** UNLESS APPROVED BY THE CO-OP IN ADVANCE, AND IS BASED UPON THE ASSUMPTION OF **AT LEAST 2-3 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 _____

_____ Brail 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.

RETURN FORMS BY: February 23, 2012 to: Cooperative Network
1 S. Pinckney St., Suite 810
Madison, WI 53703-2869
Fax: (608) 258-4407

***NO youth will be admitted without a completed Youth Leadership Conference Release Form**

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CHAPERONE/INSTRUCTOR REGISTRATION FORM

Name _____ Sex (M/F) _____

School/Organization _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email address: _____

School: _____

Sponsor: _____

_____ \$190.00 Conference fee per person based on double occupancy

_____ \$235.00 Conference fee per person 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 \$102 single/\$51 double. Please include this amount with your payment.)**

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

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 _____

_____ Brail 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.

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For more information please call (608) 258-4400

Youth Leadership Conference Release Form

Fill out one form per student. Photocopy if necessary.

PLEASE NOTE: Each registration 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).

Student's Name _____
Gender F M Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Electric Cooperative: _____

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 ASSUMPTION 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 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. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that Cooperative Network has advised me to seek the advice of my physician before participating/allowing my child to participate in this program. 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 or Cooperative Network staff (e.g. for proper and safe use of tools such as scissors, hammers, nails and the like as instructed). 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 program, 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 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 the 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. Insect repellent and sun block will not be available and cannot be shared because of the possibility of allergic reactions.

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

Date: _____
Signature of Participant/Parent or Guardian*