



May 3-5, 2012

University of Guelph, Guelph

Registration Deadline: March 12, 2012

Registration Fee: \$100 + HST (total: \$113)

Payment by cheque (made payable to 4-H Ontario)
or by Visa/MasterCard is accepted.

Registration Form

Section 1: Personal Information - Please fill in completely			
Name of Applicant:		Check: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address Line 1 (Full street address with Fire Number):		<input type="checkbox"/> 4-H'r <input type="checkbox"/> 4-H Alumni	
		Geostatus: <input type="checkbox"/> Farm <input type="checkbox"/> Rural <input type="checkbox"/> Urban	
Address Line 2 (Rural Route / P.O. Box):		4-H Association: (if applicable)	4-H ID #: (if applicable)
		Jacket Size: (check one) <input type="checkbox"/> Small <input type="checkbox"/> Medium	
City & Province:		Date of Birth: (mm/dd/yyyy)	Age: (as of Dec. 31, 2009):
		<input type="checkbox"/> Large <input type="checkbox"/> XL	
Postal Code:		Phone Number: ()	Preferred name for Name Tag (i.e. Christopher as Chris):
Email Address (parent) (for applicants under 18):		Email Address (member):	
Parent/Guardian Name 1 (for applicants under 18):		Parent/Guardian Name 2 (for applicants under 18):	

Section 2: Other Information (please check below, all that apply)

Do you come from a dairy farming family?

Yes (please answer the following information):

Herd Size:

Breed(s):

No (If no, please briefly describe your situation)

Who is involved in the day-to-day operation of your farm?

Family Employees Other: _____

What strength(s) do you feel your farm currently has:

Genetics

Herd Management

Cropping

Financial Management

Field Work

Marketing

Other (specify): _____

Continued on next page

If you have any questions contact the Coordinator, Sen\$e Programs, Andrew Campbell **OR** send your completed registration form to the following address to register:

4-H Ontario

5653 Highway 6 North, RR5 | Guelph, ON | N1H 6J2

ph : 1 - 519 - 824 - 0101 | tf : 1 - 877 - 410 - 6748 | fx : 1 - 519 - 824 - 8759

em : sense@4-hontario.ca | web :4-HOntario.ca

Other Information - Continued

Where are your current areas of focus in the dairy industry?

- Cows Agronomy Genetics Showing Nutrition Sales / Service
 Finance Other: _____

Check all of following if it applies to you:

- | | |
|---|--|
| <input type="checkbox"/> View the milk cheque | <input type="checkbox"/> Involved in DHI |
| <input type="checkbox"/> See the farm's income statement | <input type="checkbox"/> Are involved in the business planning process |
| <input type="checkbox"/> Do your own cropping | <input type="checkbox"/> Use custom cropping |
| <input type="checkbox"/> Have a farm Action/Business Plan | <input type="checkbox"/> Are aware of Profit Profiler |
| <input type="checkbox"/> Have started the succession planning process | <input type="checkbox"/> Have a completed succession plan |
| <input type="checkbox"/> Participate in family/farm business meetings | <input type="checkbox"/> Member of a Breed Association (i.e. Holstein Canada, Jersey Canada, etc.) |

What are your farming goals (if applicable)?

Describe how you would like to be involved within Ontario's Dairy Industry in the future:

What are you hoping to take home from this opportunity?

Would you be interested in taking part in the Ontario Joint Dairy Breeds Recognition Award, which would include a one week placement on a US dairy farm? Yes No

I have included the \$100+HST (total \$113) registration fee with this application form.

I have included a completed a 4-H Ontario Participant Agreement Form with this application.

Authorization:

I certify that the information contained within the Opportunity Application Form is a true and correct representation. Personal information on this form is collected and used for the administration and publicity of the 4-H program in Ontario. I allow my name and photograph to be published in media coverage and promotion of the 4-H program and by Ontario Holstein. My signature below indicates that I agree to the release of this information.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under 18 years of age).

Date

4-H ONTARIO PARTICIPANT AGREEMENT

THANK YOU FOR REGISTERING WITH 4-H ONTARIO



4-H Ontario collects the below information for the following purposes:

1. to expedite healthcare of participant during an emergency situation.
2. to ensure the health and safety of participant.
3. to provide appropriate service to participant.
4. to inform members and volunteers on activities of the Ontario 4-H Council and Ontario 4-H Foundation, including programs, services, opportunities and initiatives.

PLEASE PRINT CLEARLY

4-H Ontario respects the privacy of its participants. 4-H Ontario is committed to ensuring the appropriate measures and safeguards are in place to protect specific information that is held for the purpose of the 4-H Ontario programs. 4-H Ontario adheres to all applicable legislative requirements with respect to privacy. Access to the personal and confidential information collected will be restricted to only individuals in direct contact with the participant. This could include; 4-H Ontario staff and volunteers. Health information collected will only be shared with medical personnel in the case of an emergency. Participants are not required to provide their personal information, but this may impact their ability to participate in 4-H Ontario camps, conferences, competitions, activities and events.

This form must be completed by an individual 18 years of age or older. A parent/guardian must fill out this form for a participant under the age of 18. If some aspect of this form needs to be discussed please contact 4-H Ontario's Manager, Volunteer Services and Development at 1-877-410-6748 or vsd@4-hontario.ca

Please Note: * Indicates a section applicable to participants under the age of 18 only.

1. PARTICIPANT INFORMATION

Participant Full Name (First Middle Last):	IMPORTANT: All participants should have their Health Card with them or a photocopy available in case of an emergency.
Birth Date (MM/DD/YYYY):	Preferred Name <i>(i.e. Chris instead of Christopher):</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	4-H Ontario ID # <i>(If applicable):</i>
Phone:	Email Address:
Alternate Phone:	Business/Company Name:

2. HOUSEHOLD/FAMILY INFORMATION

Primary Household Information

Civic Address (street address including fire #):		Mailing Address (P.O. Box or R.R. #):	
City:	Province:	Postal Code:	Phone:
Languages Spoken at Home <i>(Optional):</i>			

Parent or Guardian Contact Information*

Full Name (First Middle Last):	Relationship to Participant:
<input type="checkbox"/> Address same as Primary Household	4-H Ontario ID # <i>(If applicable):</i>
Phone:	Business/Company Name:
Alternate Phone:	Email:

Secondary Household Information *(Optional)*

Civic Address (street address including fire #):		Mailing Address (P.O. Box or R.R. #):	
City:	Province:	Postal Code:	Phone:
Languages Spoken at Home:			

Parent or Guardian Contact Information*

Full Name (First Middle Last):	Relationship to Participant:
<input type="checkbox"/> Address same as Secondary Household	4-H Ontario ID # <i>(If applicable):</i>
Phone:	Business/Company Name:
Alternate Phone:	Email:

3. EMERGENCY CONTACT INFORMATION

Emergency Contact (If parent/guardian not available)

Name:	Relationship to Participant:
Phone:	Work Phone:
Alternate Phone:	Business/Company Name:

Health Care Provider of Participant

Physician/Medical Practice Name:	Phone:
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4. PARTICIPANT HEALTH INFORMATION

A reminder that this information is voluntary and participants are not required to provide personal information, however this information is gathered for communication with health care providers and to ensure safe participation in 4-H Ontario programs/events/activities.

Medical / Behavioral Conditions

- None
- Current medication – please specify:

- Asthma
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Autism
- Bed Wetting
- Boils
- Bronchitis
- Convulsions
- Development Delays
- Diabetes
- Epilepsy
- Fainting
- Frequent Colds
- Fetal Alcohol Syndrome
- Hearing Problems
- Heart Conditions
- HIV/AIDS
- Hepatitis B,C
- Kidney Trouble
- Mental Health Issues
- Migraines
- Motion Sickness
- Nightmares

- Physical Disability (please specify)

- Rheumatism
- Skin Condition (contagious)
- Skin Condition (non contagious)
- Sinus Trouble
- Sleep Walking
- Socialization issues
- Tonsillitis
- Visual Problems
- Other (please specify)

Any Additional Information or Comments

Surgical / Illness History (Current and Past)

- None
- Appendicitis
- Chickenpox
- German Measles
- Heart Disease
- Jaundice
- Measles
- Mononucleosis
- Mumps
- Pleurisy
- Pneumonia
- Poliomyelitis
- Rheumatic Fever
- Scarlet Fever
- Tuberculosis
- Typhoid Fever
- Whooping Cough

- Other Illness (Please specify)

- Other Surgery (Please specify surgical history)

Allergies

Drugs Environmental: Food Other

Description/Details:

Dietary Requirements

Vegetarian/Vegan Celiac/Gluten Free Lactose Free Other

Description/Details:

5. MEDIA RELEASE

The undersigned hereby consents to and authorizes the use and reproduction by 4-H Ontario (representing the Ontario 4-H Council [including all 4-H Ontario Associations] and the Ontario 4-H Foundation) of any and all photographs, video recordings and audio recordings taken of me, or, if participant is under the age of 18, of my child for use on 4-H websites, in print and other media for the purposes of promotion, illustration, advertising or publication and without compensation. All such photographs, video recordings and audio recordings and all recorded media, prints and created media from the content shall constitute the property of 4-H. In addition the undersigned hereby consents to authorize the publication of the name of the participant.

I consent.

I DO NOT consent.

Important Reminder: Photos, images and media may appear in electronic form on the Internet or in other publications outside of 4-H Ontario's control.

6. 4-H ONTARIO CODE OF CONDUCT AGREEMENT

To be followed and adhered to by all participants (including all members and volunteers) at every level of the organization).

4-H Ontario is dedicated to the personal development of youth while providing a positive impact on members, volunteers and communities in Ontario. In order to achieve this mission this 4-H Ontario Code of Conduct applies to all participants of the 4-H program in Ontario. It addresses the general rules of conduct necessary to maintain the standards of the 4-H program. Each individual is expected to conduct him/herself in the following manner. Failure to do so may result in dismissal from the 4-H Ontario club/activity/program. In case of dismissal, no portion of fees whatsoever will be refundable. Interpretation of this code is at the discretion of 4-H Ontario and/or those 4-H volunteers and/or staff responsible for the activity, in consultation with others as appropriate.

1. 4-H participants will respect, adhere to and enforce rules, policies and guidelines established by the national, provincial, regional and local 4-H governing associations and councils.
2. 4-H members, volunteers, guests and stakeholders shall be treated using appropriate and courteous manners as the participant himself or herself would like to be treated while ensuring respect for people and property.
3. A positive 4-H image is expected at all times. 4-H participants will conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and act as a positive role model for those around them. Behaviour must be conducive to a friendly, safe and fun learning environment.
4. Emotional, physical, verbal, mental or sexual abuse of any individual participating/attending a 4-H event/activity will not be tolerated. Nor is the use of profanity, crude remarks or actions.
5. Maintaining the privacy of 4-H participants is important. Respect will be given to the confidential nature of information received regarding fellow 4-H participants and 4-H program affairs.
6. Any acts of discrimination and/or harassment on the basis of race, nationality or ethnic origin, colour, age, religion, family status, sexuality or disability is unacceptable.
7. Possession and/or use of alcohol, illegal drugs or illegal inhalants is forbidden by participants (regardless of age of majority) at activities held for attendance by 4-H members. Any disregard for this policy will result in disciplinary action.
8. 4-H participants will regard it as their personal duty to know their 4-H responsibilities thoroughly and are expected to be responsible to their peers.
9. 4-H participants will ensure that outside interests do not jeopardize their judgment and competence as contributing 4-H participants. 4-H participants will strive to the best of their abilities to promote the motto "Learn To Do By Doing" and the philosophies of the 4-H program they represent.
10. Local 4-H Associations and/ or programs may have additional guidelines and/or policies that need to be adhered to. It is the responsibility of the 4-H participant to ensure that he/she is aware of and understands these additional rules and responsibilities.

7. AGREEMENT/CONSENT

To be followed and adhered to by all participants (including all members and volunteers) at every level of the organization).

The undersigned hereby:

1. Consents to the collection of the personal information set out above, including the personal health information, (collectively the "personal information") for the purposes specified;
2. Represents to 4-H Ontario, the Ontario 4-H Council and Ontario 4-H Foundation (together "4-H") that the personal information is true, complete, accurate and correct;
3. Releases and indemnifies 4-H from any claims arising as a result of any untruth, incompleteness, inaccuracy or incorrectness of the personal information;
4. Represents that the participant is in good health and is able to participate in all activities of 4-H except as noted in the personal information;
5. Agrees to notify 4-H if the participant is exposed to an infectious disease at any time during the three weeks prior to the commencement of the activity in which the participant will participate;
6. Agrees that if the undersigned is incapable or cannot be reached within a reasonable period of time during a medical emergency, as determined by 4-H, 4-H is granted permission to designate the emergency personnel to effect treatment including the treatment facility to which the participant is to be taken, if necessary, and to share the personal information with such emergency personnel and treatment facility without recourse to 4-H for the type or manner in which treatment is effected or such personal information is used by such emergency personnel or treatment facility;
7. Agrees to immediately inform 4-H of any change in the personal information of the participant;
8. Represents that the undersigned has read and will cause the participant to comply with the 4-H Code of Conduct; and,
9. Acknowledges that any breach of the 4-H Code of Conduct could be cause for dismissing the participant from the activity and/or from the 4-H Ontario program.

Signature of Participant

Date of Signature

Printed Name of Parent/Guardian (if Participant is under 18 yrs of age)

Date of Signature

Signature of Parent/Guardian (if Participant is under 18 yrs of age)