

Co-ops Yes! Youth Leadership Conference

March 4-5, 2019 | Registration Deadline Feb. 18, 2019



STUDENT REGISTRATION FORM

- Please use the fillable PDF fields or print legibly to complete this form.
- No youth will be admitted without a completed Youth Leadership Conference Release Form.

STUDENT INFORMATION

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____ Alternate Phone _____

Email _____ Sex M F Age _____ Birthdate ____/____/____

School _____

- I require Sunday night lodging. The cost will be your expense unless approved by the sponsoring co-op in advance and is based upon the assumption of **at least 2 people per room**. Sunday lodging **will not be provided without advance reservation** at a cost of \$60 per student.

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

Please specify any disability or dietary accommodations needed: _____

Special requests must be made before the final registration deadline. Cooperative Network Member Support and Education Coordinator Kristin Olson will contact attendees regarding these accommodations.

SPONSORING ORGANIZATION / COOPERATIVE INFORMATION

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone _____

Email _____ (We will send press release and photo after conference.)

*Registration received ON/BEFORE Monday, February 18		Sub-Total	Total
\$260 each		\$ _____	\$ _____
Sunday night lodging: \$60 each		\$ _____	

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

- I agree to fully sponsor the above student.

Sponsor signature (required): _____

RETURN COMPLETED FORMS BY FEB. 18 to:

Cooperative Network / Attn: Co-ops Yes!
16 North Carroll Street, Suite 900
Madison, WI 53703-2869
Fax: (608) 258-4407

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CHAPERONE/INSTRUCTOR REGISTRATION FORM

- Please use the fillable PDF fields or print legibly to complete this form.
- Incomplete registrations will not be accepted and will be returned.

CHAPERONE INFORMATION

Chaperone/Instructor Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Preferred Phone _____ Alternate Phone _____
 Email _____

- I plan to pay my own way.
- I require **Sunday night lodging**. Sunday night lodging fees are not included in the conference registration fee. The cost will be your expense unless approved by the sponsoring co-op in advance. Sunday lodging **will not be provided without advance reservation** at a cost of \$110 single/\$60 double occupancy.

Please specify any disability or dietary accommodations needed: _____

Special requests must be made before the final registration deadline. Cooperative Network Member Support and Education Coordinator Kristin Olson will contact attendees regarding these accommodations. If you know you will be bringing a student requiring these or any other service modifications, please make sure the student indicates this on his/her registration form so we can accommodate this individual.

SPONSORING ORGANIZATION / COOPERATIVE INFORMATION

Business Name _____
 Business Address _____ City _____ State _____ Zip _____
 Contact Person _____ Phone _____ Email _____

√	Occupancy	*Registration received <u>ON/BEFORE</u> Monday, <u>February 18</u>		Sub-Total	Total
	Double	\$260 each		\$ _____	\$ _____
	Single	\$300 each		\$ _____	
	Sunday	\$110 single / \$60 double		\$ _____	

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

- I agree to sponsor the above chaperone.

Sponsor signature (required): _____

Questions? Call Kristin Olson at (608) 258-4405.

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 16 North Carroll Street, Suite 900
 Madison, WI 53703-2869
 Fax: (608) 258-4407



Youth Leadership Conference Release Form

Please electronically fill out one form per student.

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 _____
Sex M / F Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Cooperative: _____

Parent/Guardian Name _____
Email _____
Preferred contact number _____
Please circle one: This is a Cell / Home / Work number
Alternate phone number _____
Please circle one: This is a Cell / Home / Work number
Alternate Parent / Guardian (or other adult emergency contact)
Name _____
Relationship _____
Contact number: _____ This is a Cell / Home / Work number

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) (type student 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. 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 Cooperative Network and its 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 individual:

Name _____
Relationship _____
Daytime phone _____
Nighttime 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.

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 (add page if necessary):

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*