

Voices: Manitoba's Youth in Care Network Fall Network Retreat Registration Form September 29th to October 1st, 2017

Please return registration form by Monday, September 18th, 2017

I am a:

Youth 14-17

Alumni 18-24

Your Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone: _____

Email address: _____ T-shirt size: S M L XL 2XL 3XL

Gender: (please circle) Male Female Transgender

Birthday: _____ Age: _____

Do you have any special meal requirements? Yes: _____

Do you have any allergies? _____

Are you required to take any medication? _____

Only prescription medication is permitted, and will be kept in a safe, secure location.

Health card number: Six digit: _____ 9 digit: _____

Social Worker and Agency Contact Information

Social Worker's Name: _____ Agency: _____

Phone number: _____ Cell phone: _____

Foster parent or staff name: _____

Phone number: _____ Cell phone: _____

Parent/Guardian: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Cost: \$50

To be paid by: Agency _____ Parent/Guardian _____ Subsidy Requested (alumni only) _____

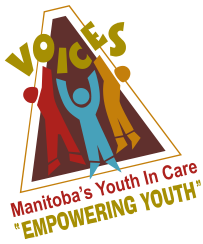
Photo and Video Release

I _____ give Voices: Manitoba's Youth in Care Network permission to take my picture and/or record me (audio and/or video) over the weekend of the Voices Network Retreat, September 29th to October 1st, 2017. I will be given the opportunity to approve photos and/or recordings before they are used in the newsletter, on System Kidz (Voices radio program), or for any other purpose. I waive all claims for any compensation for their use.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Voices: Manitoba's Youth in Care Network
3rd Floor, 61 Juno Street, Winnipeg, MB R3A 1E6
Phone: 204.982.4956 Toll free: 1.866.982.4956 Fax: 204.982.4950
ask@voices.mb.ca



Participant Agreement

I agree to the following Code of Conduct for the Voices Network Retreat:

- I will not consume or possess any alcohol or non-prescribed drugs before, during or en route to/from the retreat. **Sober for the weekend.**
- I understand that any sexual relations or harassment of any kind will not be tolerated. **Focus on Friendships.**
- I commit to being on time for all events and participating in all of the activities. **Get in there!**
- I will treat Manitoba's Youth in Care Network staff and volunteers, and the Camp Arnes staff with respect. I understand that their role is to look out for my safety and well-being. **It's all love!**
- I will smoke only in areas designated by Camp Arnes staff. **Respect the environment.**
- I will not enter any dorm room other than my own under any circumstances. **Don't touch!**
- I understand that the purpose of the Voices Network Retreat is to increase my understanding of leadership skills in the areas of rights and advocacy for youth in and from care. **Be empowered!**
- I agree to do my best with the skills I have developed. **Change (my) world!**
- I agree to have fun! **Woot-woot!!!**
- I understand that being at the Retreat is a choice, and that these guidelines are for everyone's safety. If I choose not to follow these guidelines, I am choosing to be sent home at my own or my parent/guardian's expense. **Choose to stay!**

Participant's Signature: _____ Date: _____

Parent/Care Giver's Signature: _____ Date: _____

Social Worker's Signature: _____ Date: _____

What is at least one thing that you want to do while you're at the retreat?

Share my story	Ride a horse
Make new friends	Go for walks
Learn about my rights	Fly on the zipline
Ask questions about being in care	Hear other peoples' stories
Dance	Sit by the lake
Something else: _____	