



Voices: Manitoba's Youth in Care Network Spring Network Retreat Registration Form April 7th to 9th, 2017

Please return registration form by Friday, March 31st, 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: \$150

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, April 22nd to 24th, 2016. 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 Spring Network Retreat 2017:

- 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: _____