



Voices: Manitoba's Youth in Care Network Fall Network Retreat Registration Form September 28th to 30th, 2018

Please return registration form by Monday, September 17th, 2018

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

Birthdate: _____ 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 caregiver's name: _____

Phone number: _____ Cell phone: _____

Parent/Guardian: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Cost: \$150

To be paid by: Agency _____ Parent/Guardian _____ Subsidy Requested (alumni 18+ 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 28-30th, 2018. 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
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ask@voices.mb.ca



Participant Agreement

Please read the following carefully, and sign at the bottom if you agree:

- I will not consume or bring any alcohol or non-prescribed drugs before, during or on the way to/from the retreat. I will leave all weapons at home. **Safe and sober for the weekend.**
- I understand that any sexual relations or harassment of any kind will not be tolerated. **Focus on Friendships.**
- I will be on time and participate in all of the activities. **Get in there!**
- I will treat Voices 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. **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 help me understand my rights and learn different ways to make my voice heard. **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?

<input type="checkbox"/> Share my story	<input type="checkbox"/> Make a s'more (or two)
<input type="checkbox"/> Make new friends	<input type="checkbox"/> Go for walks
<input type="checkbox"/> Learn about my rights	<input type="checkbox"/> Fly on the zipline
<input type="checkbox"/> Ask questions about being in care	<input type="checkbox"/> Hear other peoples' stories
<input type="checkbox"/> Dance	<input type="checkbox"/> Sit by the lake
<input type="checkbox"/> Something else: _____	