



**“Better Together”**  
**Voices: Manitoba’s Youth in Care Network**  
**Participant Registration Form (Ages 12 to 24)**  
**September 27<sup>th</sup> to 29<sup>th</sup>, 2019**

*Please return registration form by Monday, September 16<sup>th</sup>, 2019*

**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: \_\_\_\_\_    Nine 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) \_\_\_\_\_**

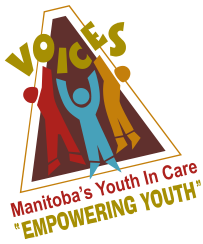
**Photo and Video Release**

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 27<sup>th</sup> to 29<sup>th</sup>, 2019. 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**  
**3<sup>rd</sup> 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

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: _____	