EastGen 4-H Showcase

Application Form

The Conference is open to 4-H members who are 13 years of age and older as of JANUARY 1, 2015 and currently registered in the beef or dairy projects. It is to be held July 10-12, 2015, in TRURO, Nova Scotia on the campus of the Dal AC & Provincial Exhibition Grounds.

Please print neatly & ensure th	hat email is correct &	k neat as subsequer	nt corresponde	ence will be by email
I am applying for the	☐ BEEF S	EMINAR 🖂	DAIR	Y SEMINAR
NAME:				
CIVIC ADDRESS (including of	county and postal cod	de):		
PHONE:	FAX:	E-MAIL:		
Male: Female:	YEARS IN 4-H: _	B	SIRTHDATE:	
				(Month/Day/ Year)
PARENT'S NAME:				
PARENT'S WORK or CELL	PHONE:			
EDUCATION				
Grade or level of education pre	esently enrolled in? 1	If not attending sch	ool, what grad	le completed?
What career do you hope to pu	rsue after completing	g school?		
4-H CLUB				
Name of 4-H Club:				
How many years have you bee			eef member _	
Have you previously attended	the showcase?	Yes	No 🔲	
If yes, what session did you att	end and in what year	:?		
Dairy # of	times	Years attended		
Beef # of				
In what other 4-H projects/ act	ivities/positions are y	ou involved?		
I certify this information is acc pass on information learned at responsible for a registration fe	curate to the best of methis conference to of the of \$125.00.	ny knowledge. I an her 4-H members i	n willing to pa n my area. <u>If s</u>	articipate fully and selected, I will be
Signature of 4-H member:		Signature of Pa	arent:	

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Delegate Conduct

DELEGATE PROCEDURES & RULES

- 1. Total participation by all delegates 100% of the time. The program is hard work and social time is limited. Be sure you are at all sessions on time.
- 2. Delegates should notify conference staff if not feeling well.
- 3. Delegates must wear their name tags at all times, including meals.
- 4. Please observe lights out!
- 5. Please listen to instructions & directions carefully.
- 6. Checkout of residence must be completed on final morning by the time designated by ALC staff.
- 7. Make arrangements for transportation home (including for your calf) no later than <u>2:00 p.m. on</u> the final day of the event. The barns will be closed at this time.
- 8. The barns will be closed each night and will open each morning at <u>the time designated by ALC</u> <u>staff</u>. A night watchman will be in the barn each night.
- 9. Delegates are not to travel on their own during the event. Vehicles are to remain parked for the duration of the event. When leaving the Exhibition Grounds, members must return directly to residence, and vice versa, unless directed to do otherwise by Staff/chaperones; or unless approval of otherwise is given by Staff/Chaperones.
- 10. 4-H members will be responsible for the costs of lost room keys, meal cards, room damages, etc.
- 11. No alcoholic beverages or non-prescription drugs are permitted.
- 12. Sleeping areas and rooms of the opposite sex are out of bounds.
- 13. 4-H members are not to switch rooms with other delegates.
- 14. Delegates are not to leave the exhibition grounds or campus without the permission of the chaperones/staff.
- 15. All rules of the college facilities must be respected e.g. smoking policies, garbage cans, respecting bathroom facilities, etc.
- 16. Treat all 4-H Members, Leaders, Chaperones, Staff and Resource Persons with respect!
- 17. Delegates are reminded to keep individual safety and the safety of others foremost at all time.

VIOLATION OF THESE RULES & PROCEDURES WILL RESULT IN THE DELEGATE INVOLVED BEING ASKED TO LEAVE THE EVENT. I HEREBY AGREE TO FOLLOW THE PROCEDURES & RULES OF THE 4-H SHOWCASE & UNDERSTAND I WILL BE ASKED TO LEAVE THE EVENT IF I DO NOT FOLLOW PROPER CONDUCT.

Member's Signature: _	
Parent's Signature:	

PLEASE RETURN TO: Provincial 4-H Office by March 13, 2015.

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Medical Information

This information is confidential and will be available to Staff and chaperones of the program, and a physician if necessary. The parent or guardian is assuming full responsibility for the participant's health with the understanding that the program activities will in no way aggravate any condition present. The program may be of a strenuous nature both physically and mentally.

Name					
Date of	Birth	Health Card Number	Expiry		
	note any medical condi tion being taken.	itions, allergies, etc., of which the staff/chape	rones should be aware. Give details of any		
Please	indicate if you have an	y food allergies, or special food requirements	:		
In Emergency Notify		Relationship			
Home Phone		Cell Phone	Cell Phone		
Doctor	's Name	Phone			
programward _	n to secure such medi	cal advice and treatment as may be deemed nember's name), and I agree to accept the	below, I hereby authorize the leader in charge of the leaders for the health and safety of my child or e financial responsibility in excess of the benefits		
1. 2.		I well being of the delegate is involved, ce has been such that further services are	required, services which require the consent of the		
3.	Where attempts to contact the parent or guardian have failed, or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the leader in charge of the program to decide what steps must be taken for the welfare and safety of the delegate.				
Signatu	re of Parent or Guardia	an			
Date					

PLEASE RETURN TO: Provincial 4-H Office by March 13, 2015.