

LEADERSHIP DEVELOPMENT CONFERENCE:

SUSTAINABLE AGRICULTURE AND FOOD SECURITY



The 2017 *Leadership Development Conference, Sustainable Agriculture and Food Security* is rapidly approaching. From Tuesday, June 27- Thursday, June 29th, young people between 13-18 years of age will meet at St. Francis Xavier University to focus on 4-H Canada's 2017 Pillar, Sustainable Agriculture and Food Security. The conference is being planned with the leadership of the St. F.X. 4-H Student Society, a group of enthusiastic 4-H alumni who study at St. F.X.

The conference is open to 4-H members, as well as non 4-H members, from across Atlantic Canada with an interest in leadership, food security and sustainable agriculture. There are still spaces available, with applications being accepted until June 9th. The registration fee of \$125.00 covers 2 nights of residence accommodations, as well as all meals during the conference.

Delegates will participate in hands-on activities related to the theme and leadership development. Events will include "Cooking for the Future", which will bring participants to the Human Nutrition lab to consider how food practices can contribute to food security in meal preparation; a fun-filled scavenger hunt called the "Amazing Green Race" will feature St. F.X.'s sustainability initiatives, while also introducing delegates to academic programs that contribute to emerging knowledge on agricultural sustainability and food security; and the "Learn to Lead by Leading" workshop, will allow delegates to explore their own leadership potential so they can better serve their clubs, their communities, and their country. There will be time for team building, networking, and meeting youth with the same interests from across Atlantic Canada.

For additional information and details on this conference, please contact 902-863-7501 or Iain.MacLellan@novascotia.ca

Highlights of Conference

Tuesday, June 27

3:00 → *Cooking For the Future*

Location: Human Nutrition Labs, J. Bruce Brown Hall

6:30 → *StFX and 4-H Welcome Dinner*

Location: MacKay Room, Bloomfield Centre

8:30 → *Square Set Dance*

Location: MacKay Room, Bloomfield Centre

Wednesday June 28

9:30-11:30 and 2:30-4:30 → Alternating Activities

Activity 1: Growing Local: The Marthas New Growers Program

Location: Gardens, Sisters of St. Martha

Activity 2: The Amazing Green Race

Location: Campus Wide

Noon – 2:00 → *Hunger Banquet*

Location: MacKay Room, Bloomfield Centre

7:30 → *Self-Actualization and Sustainability Leadership*

Location: MacKay Room, Bloomfield Centre

Thursday, June 29th

9:30-2:00 → *Learn to Lead by Leading Workshops*

Location: Coady International Institute (West and East Wings)

**LEADERSHIP DEVELOPMENT CONFERENCE:
AGRICULTURAL SUSTAINABILITY AND FOOD SECURITY
JUNE 27-29, 2017 • ANTIGONISH, NS**

APPLICATION FORM

Conference is open to **4-H Members & Non 4-H Friends ages 13-18**

Registration fee of **\$125.00**, includes residence & meals during the conference

Have questions? Call **Iain MacLellan** at **902-863-7501**

DEADLINE: Friday, June 9th

First come, first serve, with a maximum of 125 Atlantic 4-H members & Non 4-H Members being accepted. Confirmation of acceptance will be communicated by email. Please make sure you provide a working email for correspondence on this conference.

Member Name	I identify as <input type="checkbox"/> Male <input type="checkbox"/> Female
IF YES, CLUB NAME:	
4-H Member: YES NO	
Parent/Guardian Name:	
Primary Phone:	Secondary Phone:
Mailing Address:	
Email Address:	
Age:	
If you want the OPTIONAL t-shirt, please indicate the size and include \$15 payment in cheque with fees.	
Women's Sizes:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> XX Large
Men's Sizes:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> XX Large

PLEASE RETURN APPLICATION, FORMS AND PAYMENT (CHEQUES MADE PAYABLE TO 4-H NS) TO: 60 RESEARCH DRIVE, BIBLE HILL, NS B6L 2R2.

Please make sure the following items are included when you return your Application:

Application Form Health Form Signed Conduct Form Cheque conference fee (\$125) or with optional t-shirt (\$140).

PRIVACY STATEMENT: THE 4-H NOVA SCOTIA PROGRAM PROTECTS YOUR PERSONAL INFORMATION BY ADHERING TO THE "FREEDOM AND PROTECTION OF PRIVACY ACT" AND OTHER LEGISLATIVE REQUIREMENTS WITH RESPECT TO YOUR PRIVACY. WE USE, AND MAY SHARE, YOUR PERSONAL INFORMATION WITH 4-H PROGRAM PARTNERS TO KEEP YOU INFORMED ABOUT, AND PROVIDE YOU WITH, 4-H PROGRAM ACTIVITIES AND SERVICES; TO SATISFY GOVERNMENT AND REGULATORY OBLIGATIONS; AND FOR RESEARCH PURPOSES. WE MAY SHARE THE FOLLOWING PERSONAL INFORMATION FOR PROGRAM/ SERVICES/ACTIVITY PUBLICITY: YOUR NAME; YOUR PHOTOGRAPH; YOUR 4-H CLUB NAME; THE NAME OF THE COMMUNITY AND COUNTY WHERE YOU ARE FROM. BY COMPLETING AND SIGNING THIS LEGAL DOCUMENT, YOU UNDERSTAND AND ARE CONSENTING TO THE USE OF AND SHARING OF NECESSARY INFORMATION AS DESCRIBED ABOVE. FOR MORE INFORMATION, CONTACT THE 4-H NOVA SCOTIA BY LETTER AT: 4-H NOVA SCOTIA, 60 RESEARCH DRIVE, SUITE 207, BIBLE HILL, NS, B6L 2R2.

PARTICIPANT CONDUCT FORM

ATTENTION APPLICANTS:

Please ensure you share the information on this page your parent(s) or guardian(s). If you are under 18 years of age, we require your signature as well the signature of your parent/guardian on the bottom of this form. If you are 18 years or older, you do not require the signature of your parent/guardian on this form.

The Leadership Development Conference Committee requires 100% cooperation and participation from all participants. There are few rules for the programs but the ones that we have are necessary to ensure that everyone can achieve the maximum benefits of the program and be safe.

RULES

1. 4-H programs require 100% cooperation and participation from all participants.
2. Possession or use of alcoholic beverages and/or non-prescription drugs is not permitted: If found, authorities will be contacted, parents/guardians will be informed and participants will be sent home at their own expense.
3. Participants are asked not to smoke during the 4-H program.
4. No participants may leave the program site without the permission of a staff member. This will be strictly adhered to.
5. Vandalism of any form will not be tolerated. Any damage costs will be charged to the member and his/her parents.
6. Indecent language of any form will not be tolerated.
7. All participants must complete and submit a Health Information form and this Conduct form.

NOTE: Those who do not adhere to the rules may forfeit the privileges of the program. Should this happen, the member will be asked to leave the Conference (if age 18 or over) OR the member's parent(s) or guardian(s) will be asked escort the member home, at their own expense.

I _____ (participant's name) understand and will adhere to the rules outlined for this 4-H program. 4-H Club name (if a 4-H member) : _____

(participant signature)

(parent/guardian signature– if under 18)

(date)

(date)

HEALTH INFORMATION FORM

This form is to be signed and completed and returned with the Participant's Conduct Form and registration fee. Accurate and complete information is essential. These forms are confidential and will be available only to staff/organizers and a physician, if necessary. For members under the age of 18, the parent or guardian is assuming full responsibility for the participant's health being such that the program activities will in no way aggravate any condition present. This program may be of a strenuous nature both physically and mentally.

Name: _____
(surname) (first)

Mailing Address _____ Postal Code _____

Primary Phone _____ Alternate Phone: _____

Date of Birth: _____ In Emergency Notify _____ Relationship _____

Mailing Address _____ Postal Code _____

Primary Phone _____ Alternate Phone: _____

Doctor's Name _____ Phone _____

Health Card Number (Not S.I.N.) _____ Expiry Date _____

Other Hospital Insurance _____

PERSONAL HEALTH RECORD

Please check any of the following conditions which the participant is subject to:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Tonsillitis | <i>(contagious or not, specify)</i> | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hysteria |
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Boils | | |

Please give details of usual treatment should said condition occur:

Other medical concerns (e.g. Diabetes, Allergies) of which the program staff should be made aware?
(Specify - give details of medication necessary.)

- | | | | |
|--|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Foods | <input type="checkbox"/> Dusts | <input type="checkbox"/> Plant | <input type="checkbox"/> Pollens |
| <input type="checkbox"/> Insect stings | <input type="checkbox"/> Animals | <input type="checkbox"/> Drugs | <input type="checkbox"/> Other |

Specify: _____ Signs/Symptoms: _____

Treatment: _____

Check any of the following illnesses which the participant has had:

Any illness or disability not included on this list: _____

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumatic Fever | <input type="checkbox"/> Whooping Cough |

Recent operations and injuries (give dates and nature): _____

Precautions that have been advised: _____

Date of last tetanus immunization: _____

The program may include rigorous activities. Does the applicant suffer from any physical or emotional disorders that would prevent full participation in this program? Yes No

(if yes, state particulars) _____

Is the participant currently taking medication? Yes No

Name of Drug: _____ Dosage: _____

Condition for which drug was prescribed: _____

As the parent/guardian of the participant, under circumstances as stated below, I hereby authorize the leader in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my child or ward, _____, and I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

1. Where the health and well-being of the participant is involved.
2. Where medical advice has been such that further services are required - services which require the consent of parent/guardian.
3. Where all attempts to contact the parent/guardian have failed, or where due to the nature of the emergency there is insufficient time to contact such parent/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.

(Date)

(Signature of Parent/Guardian)

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Media Release and Consent Form

I, _____, (Name of parent/guardian if participant is a minor - under the age of 18 - name of student if an adult - 18 years of age or older) hereby agree and give my permission for the Leadership Development Conference Organizing Committee (hereinafter referred to as “the Committee”) and/or its partners to record, film, photograph, audiotape or videotape my/my child’s name, image, work, and performance (hereinafter collectively referred to as “Works”) and to display, publish or distribute these Works for the purpose of publishing, posting on the Committee’s website, posting on social media sites and/or for broadcasting on television or on radio as determined by the Committee.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the Committee’s control. I agree that I will not hold the Committee responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you AGREE that you/your child may participate in recorded Committee events and Committee hosted events as described above.

Please mark this box if you DO NOT WISH for you/your child to participate in recorded Committee events and Committee hosted events.

Part 2 – Media Specific

I also understand that external media organizations may attend Committee events. I give permission for my/my child’s name, image, work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or on radio.

Please mark this box if you AGREE that your/your child may participate in media events that may be published or broadcast by organizations external to the Committee.

Please mark this box if you DO NOT WISH for your/your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read and I fully understand this Media and Personal Information Release Consent Form. I understand that I am free to contact a representative of the Committee with any questions regarding this release.

Participant’s Signature: _____

Parent’s/Guardian’s Signature: _____

Date: _____