



MS INFINITY CONFERENCE
Friday, March 26, 2010 at Gold Rush Inn

REGISTRATION FORM

Space is limited! First come first served!

Number the workshops 1 through 6 according to your preference. (1 is your first choice, 6 is your last choice.) We will do our best to place you in your top 3 workshops.

_____ **The Great Animal Detective** - Join a veterinarian and learn how to help our favorite animals.

_____ **Show me the Money!** - Compete for prizes in the game of life.

_____ **Twist and Shout** - Stretch your muscles and your mind with a physiotherapist.

_____ **Habitat Sweet Habitat** - Explore the secret life of Yukon plants and animals with a habitat biologist

_____ **Get the Picture** - Discover the art, science and fun of photography.

_____ **What's Up Doc?** - Spend an hour being part of the "Grey's Anatomy" team!

PARTICIPANT INFORMATION Print clearly

Student Name _____

Home Mailing Address _____

City _____ Territory _____ Postal Code _____ Home Phone (_____) _____

School _____ GRADE: _____

Emergency Contact Person _____

Phone Daytime (_____) _____ Phone Evenings (_____) _____

MEDICAL INFORMATION

Yukon Health Card # _____

Do you have any existing medical conditions which would affect your ability to participate: No Yes

If yes, explain _____

Do you have any allergies: No Yes What? _____

SPECIAL NEEDS

Do you have any special needs (physical, language, etc.) that will require support at the conference? No Yes

If yes, please describe the needs and the support requested: _____

AGREEMENT TO PARTICIPATE/ BE PHOTOGRAPHED/ WAIVER

I have read and understand the liability, medical and photography releases on the reverse of this form and I agree to them.

Signature of Participant

Date

Signature of Parent/Guardian

Date



LIABILITY & MEDICAL RELEASE

I hereby agree to release Government of Yukon, Yukon Women in Trades and Technology (hereafter referred to as "the organizers") it's representatives, agents, servants, volunteers, and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending the "ms. infinity 2009" Conference, including travel to and from these activities, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

I do voluntarily authorize **the organizers**, their representatives, agents, servants, volunteers, and employees to obtain routine or emergency diagnostic procedures and/or routine emergency medical treatment for the named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless **the organizers**, their representatives, agents, servants, volunteers, and employees for any and all claims, demands, actions, rights of actions, and/or judgment by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

PHOTO RELEASE

I agree that still photographs and videotapes of me taken during the course of the ms infinity Conference may be used and reproduced by **the organizers** in promotional materials and bulletins.

AGREEMENT TO PARTICIPATE/ BE PHOTOGRAPHED/ WAIVER

I have read and understand the liability, medical and photography releases and I agree to them.

PRINTED NAME OF PARTICIPANT

Signature of Participant

Date

Signature of Parent/Guardian

Date

PLEASE RETURN BOTH PAGES TO:

Yukon Women in Trades and Technology

Phone: 867-667-4441 Fax: 867-633-5689

EMAIL: patricia@yukonwitt.org

As the conference will fill up quickly, please send your completed and signed registration by fax or deliver it to # 3 Glacier Road, McCrae East Industrial Area (same building as Yukon Artists @ Work)

