

Ontario Dairy Youth Business Management School

Join us on May 6 to 8, 2010 at the University of Guelph for an exciting learning opportunity!

Registration deadline is April 7, 2010

For delegates 17 to 25 years of age

Developing knowledge about all aspects of the dairy industry, and in particular the impact of management decisions on the bottom line are critical toward having a well managed and profitable family dairy operation. If you are interested in being involved in the dairy industry, then this two-night, three-day conference is the place for you! Join the industry's leaders for a learning journey that explores the dairy business from all angles. Through tours, workshops and case studies you will learn to identify and understand key drivers to successful dairy farm business management, while having fun and developing a friend and business associate network within this incredible industry. You won't want to miss this "dairy cents" opportunity!

For more information contact the 4-H Opportunities Coordinator at 1-877-410-6748 or email opportunities@4-hontario.ca.

To register complete the registration form, Health & Safety Form and Member Code of Conduct Form (attached) and send, along with the registration fee (payable to 4-H Ontario via cheque, Visa or MasterCard), to 4-H Ontario, 5653 Hwy 6N, Guelph, ON, N1H 6J2 or fax to 519-824-8759. **Register early to avoid disappointment!**

Tentative Agenda

(Please note, agenda topics and speakers are subject to change):

Thursday, May 6th

- 11:00am Registration and Welcome
- 12:00pm Lunch, with key note speaker
- 1:00pm Delegate networking and introductions
- 2:00pm Key note speaker addressing key elements of a Dairy Farm Business Plan
- 2:30pm Round Table sessions (*a rotation of five industry leaders on topics such as policy, strategy, marketing, human resources and finance*)
- 4:30pm Interview panel
- 5:30pm Dinner, with key note speaker Kevin MacLean
- 7:00pm Key note speaker - Bill Grexton on CanWest DHI's Profit Profiler
- 8:00pm Introduction to Case Studies

Friday, May 7th

- 7:00am Breakfast
- 8:00am Board buses for farm tours
At each stop delegates will hear from the farmer along with a variety of industry representatives on topics such as bunk management, heifer raising, expansion, genetics, risk management, herd health, family succession planning, etc.)
- 6:00pm Dinner
- 7:00pm Case study preparation

Saturday, May 8th

- 7:00am Breakfast
- 8:00am Case study presentations
- 11:00am Key note speaker, Richard Cressman on Family Dynamics
- 12:00pm Lunch with industry partners
- 1:00pm Awards Presentation
- 2:00pm Safe home



The Ontario Dairy Youth Dairy Business Management School, a programming partnership managed by 4-H Ontario and the Ontario Holstein Branch, is designed and delivered by the leaders of Ontario's Dairy Industry.





Ontario Dairy Youth Business Management School

Registration Form

May 6 - 8, 2010; University of Guelph
Registration Deadline: April 7, 2010
For delegates aged 17 to 25 as of Jan 1, 2010



Section 1: Personal Information - Please fill in completely

Name of Applicant:		Check: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address Line 1 (Full street address with Fire Number):		<input type="checkbox"/> 4-H'r <input type="checkbox"/> 4-H Alumni	
		Geostatus: <input type="checkbox"/> Farm <input type="checkbox"/> Rural <input type="checkbox"/> Urban	
Address Line 2 (Rural Route / P.O. Box):		4-H Association: (if applicable)	4-H ID #: (if applicable)
City & Province:		Date of Birth: (mm/dd/yyyy)	Jacket Size: (check one) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> Other: _____
Postal Code:	Phone Number: ()	Preferred name for Name Tag (i.e. Christopher as Chris):	
Email Address (parent) (for applicants under 18):		Email Address (member):	
Parent/Guardian Name 1 (for applicants under 18):		Parent/Guardian Name 2 (for applicants under 18):	

Section 2: Other Information (please check below, all that apply)

Do you come from a dairy farming family?

Yes (please answer the following information):

Herd Size:

Breed(s):

No (If no, please briefly describe your situation)

Who is involved in the day-to-day operation of your farm?

Family Employees Other: _____

What strength(s) do you feel your farm currently has:

- Genetics Herd Management
 Cropping Financial Management
 Field Work Marketing
 Other (specify): _____

Continued on next page

If you have any questions contact the 4-H Opportunities Coordinator **OR** send your completed registration form to the following address to register:

4-H Ontario

5653 Highway 6 North, RR5 | Guelph, ON | N1H 6J2
ph : 1 - 519 - 824 - 0101 | tf : 1 - 877 - 410 - 6748 | fx : 1 - 519 - 824 - 8759
em : opportunities@4-hontario.ca | web : www.4-hontario.ca

Other Information - Continued

Where are your current areas of focus in the dairy industry?

- Cows Agronomy Genetics Showing Nutrition Sales / Service
 Finance Other: _____

Check all of following if it applies to you:

- | | |
|---|--|
| <input type="checkbox"/> View the milk cheque | <input type="checkbox"/> Involved in DHI |
| <input type="checkbox"/> See the farm's income statement | <input type="checkbox"/> Are involved in the business planning process |
| <input type="checkbox"/> Do your own cropping | <input type="checkbox"/> Use custom cropping |
| <input type="checkbox"/> Have a farm Action/Business Plan | <input type="checkbox"/> Are aware of Profit Profiler |
| <input type="checkbox"/> Have started the succession planning process | <input type="checkbox"/> Have a completed succession plan |
| <input type="checkbox"/> Participate in family/farm business meetings | <input type="checkbox"/> Member of a Breed Association (i.e. Holstein Canada, Jersey Canada, etc.) |

What are your farming goals (if applicable)?

Describe how you would like to be involved within Ontario's Dairy Industry in the future:

What are you hoping to take home from this opportunity?

- I have included the \$100 registration fee with this application form. Payment by Visa/MasterCard is available by calling the 4-H Office at 1-877-410-6748*
- I have included a completed Health & Safety / Media Release Form and Member Code of Conduct Form with this application.*

Authorization:

I certify that the information contained within the Opportunity Application Form is a true and correct representation. Personal information on this form is collected and used for the administration and publicity of the 4-H program in Ontario. I allow my name and photograph to be published in media coverage and promotion of the 4-H program and by Ontario Holstein. My signature below indicates that I agree to the release of this information.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under 18 years of age).

Date

If you have any questions about this opportunity please contact the 4-H Opportunities Coordinator



HEALTH & SAFETY AGREEMENT

Name _____ Age _____ Sex (M / F) _____

Date of Birth ____ / ____ / ____ Ontario Health Card Number _____
month day year

Parent's/Guardian's/Spouse's Name(s) _____

Address _____

Postal Code _____

Telephone: home (____) work #1 (____) work #2 (____)

If a parent/guardian/spouse cannot be reached contact:

Name _____ Telephone (____)

Physician's Name _____ Telephone (____)

Information about special health conditions: _____

Describe special treatment required, list medications and use: _____

(*Further details on conditions, treatments, and medications are attached: Yes ____ No ____)

Do you have allergies to food – specify: _____

Medications – specify: _____

Insect bites – specify: _____

Do you carry an epipen kit or anakit? Yes ____ No ____

Can you use the epipen or anakit by yourself? Yes ____ No ____

Has standard immunization been completed? Yes ____ No ____

To be completed by parent/guardian or participant over the age of 18:

*To the best of my knowledge this 4-H participant is in good health and is able to participate in all activities, except as previously noted.
I will notify the person in charge of this activity if the participant is exposed to an infectious disease during the three weeks prior to the program.
If I cannot be reached in a medical emergency, I hereby give my permission to the physician selected by the person in charge of the 4-H activity to hospitalize, secure proper treatment, order injection, anesthesia or surgery for the participant as named above.*

Signature of Parent/Guardian or Participant if over 18 years of age Date

To achieve maximum benefits, Ontario 4-H activities require 100% cooperation and participation from all participants.

(PLEASE SEE OVER)

POLICIES

- ◆ All 4-H participants (members, volunteers, families, associations and sponsoring organizations) have a mutual responsibility to ensure the safety of the participants and the success of the 4-H activities.
- ◆ Possession and/or use of alcoholic beverages by participants at any 4-H activity targeted to 4-H members is forbidden and will result in disciplinary action.
- ◆ Possession and/or use of illegal drugs or inhalants is forbidden.

4-H activity organizers have the right to remove a participant from an activity to ensure the safety of all participants.

I _____ from _____
(Participant's Name) (County/District/Region)

understand and will adhere to the policies of the Ontario 4-H Council outlined for 4-H activities.

(Participant's Signature)

(Parent's/Guardian's Signature)

(Date)

(Date)

4-H Media Release Form

I hereby give permission for pictures, or other forms of media of myself or my child to be taken and potentially used for news reporting and/or the promotion of 4-H Locally, Regionally, and Provincially. This media may be in print form or on local or provincial 4-H websites in Ontario.

Name of 4-H Member or 4-H Volunteer: _____ Age: _____ (If a Member)

4-H Association: _____ Parent/Guardian Name _____

Exceptions requested: _____

Signature of Parent/Guardian or Participant if over 18 years of age

Date

For local Association use: A copy of this release form is to be kept in the local 4-H files for the full duration that this media is accessible to the public (minimum of one year).

For Provincial use: PLEASE FAX OR MAIL COMPLETE FORM TO:

4-H ONTARIO – Attn: Program Manager 5653 Hwy 6 North, RR 5, Guelph, Ontario N1H 6J2

Tel # : 1-877-410-6748 / Fax #: 519-824-8759 or Email: programs@4-hontario.ca

Please note that the 4-H Media Release Form portion of this document is kept on file for five (5) years when obtained for provincial use. The document is stored at the 4-H Ontario head office.

4-H Ontario respects the privacy of our members and volunteers. We are committed to ensuring the appropriate measures and safeguards are in place to protect specific information that is held for the purpose of the 4-H program. We adhere to all legislative requirements with respect to privacy. We use your personal information to keep members and volunteers up to date on activities of the Ontario 4-H Council and Ontario 4-H Foundation including programs, services, opportunities and initiatives. For further information or to have your name removed from our database, please contact our Privacy and Screening Officer at 519-824-0101, toll free at 1-877-410-6748, fax at 519-824-8759 or via our website at www.4-hontario.ca.



4-H Member Code of Conduct

4-H Ontario is dedicated to the personal development of youth while providing a positive impact on volunteers and communities in Ontario. In order to achieve this mission all participants must be willing to comply with the guidelines and policies of the 4-H program in Ontario. This includes recognizing and adhering to a Code of Conduct. Failure to comply may result in the dismissal of the individual as a 4-H participant, at the discretion of the club leader, local Association or provincial organization.

1. 4-H members are expected to contribute 100% effort. This includes arriving on time for meetings and events and participating fully in all planned activities.
2. 4-H members, volunteers and guests should be treated, using appropriate and courteous manners as you yourself would like to be treated while ensuring respect for people and property.
3. A positive 4-H image is expected at all times. The use of profanity, crude remarks, derogatory dress and actions will not be condoned.
4. Behaviour must be conducive to a friendly, safe, fun and learning environment. Behaviour that is disruptive to other 4-H members/volunteers or is harmful physically, mentally and/or emotionally to you and other 4-H members/volunteers will not be tolerated.
5. Acts of discrimination, and/or harassment on the basis of race, nationality or ethnic origin, colour, age, religion, family status or disability is unacceptable from all 4-H participants.
6. Emotional, physical, verbal, mental or sexual abuse of any participant will not be tolerated.
7. Possession and/or use of alcohol, illegal drugs or inhalants is forbidden by participants, regardless of age of majority, at 4-H member activities and will result in disciplinary action.
8. Mixed visiting outside of designated times and areas is not permitted at 4-H program events and the disregard of this practice may result in disciplinary action.
9. Maintaining the privacy of 4-H participants is important. No person shall disregard another's privacy, including personal belongings, accommodation or hygiene facilities.
10. Local 4-H Associations and/ or programs may have additional guidelines and/or policies that need to be adhered to. It is the responsibility of the 4-H participant to ensure that he/she is aware of and understands these additional rules and responsibilities.

Failure to comply with this 4-H Code of Conduct may be cause for dismissal of a 4-H member from a club/activity/program. In case of dismissal, no portion of fees whatsoever will be refundable. Interpretation of this code is at the discretion of those 4-H volunteers and/or staff responsible for the activity, in consultation with other volunteers as appropriate.

I, _____, have read the 4-H Code of Conduct and agree to participate within these boundaries while in attendance at 4-H activities. I further understand that any violation of the 4-H Code of Conduct may be cause for dismissal from the 4-H club/activity/program.

4-H Members Signature

Signature of Parent/Guardian

Date of Signature

Date of Signature