

April 19–20, 2010  
Plaza Hotel, Eau Claire, Wis.

# Co-ops Yes!

## Youth Leadership Conference



Presented by:

**Cooperative**  
 **Network™**

### What is the Youth Cooperative Leadership Conference?

Cooperative Network proudly offers the Co-ops Yes! Youth Leadership Conference as an opportunity for young people to develop an understanding and appreciation of the purpose, operation, and scope of cooperative business.

A real, working cooperative will be formed and operate during the conference. Students will also learn from speakers with powerful messages about leadership and the value of cooperation. This conference provides an opportunity for students to develop new friendships and meet youth leaders from all over the state.



### How do I get involved?

Enclosed are registration forms for students and chaperones (make additional copies as needed). Completed registration forms with payment and signed release form must be received at the Cooperative Network Madison office no later than **March 29, 2010**.

Mail completed forms and checks to:  
Cooperative Network  
131 W. Wilson St. Ste. 400  
Madison, WI 53703-3269

Cooperatives are encouraged to work with their local agriculture instructors, business education teachers, vocational student organization advisors, and 4-H leaders to identify potential students to sponsor to this conference.

Cooperatives who are not Cooperative Network members may still sponsor students to the conference.

### Who is encouraged to attend?

- High school students in grades 10-12 are eligible.
- Students that are members of FFA, 4-H, DECA, FBLA, FHA/HERO, VICA, HOSA and other groups would be excellent candidates for the conference.
- Students whose parents and grandparents are members of cooperatives in your hometown also make great candidates.

## Conference Agenda

### Monday, April 19

7 a.m.–Midnight	Co-op Store Open
8–10 a.m.	Registration – Hotel Lobby Group Photos
10–11 a.m.	Opening Session Welcome and Overview of Conference Youth Corps Introductions Youth Mixer Running for the Youth Corps Let's Cooperate A Co-op Store for Us?
11 a.m.–Noon	Co-ops 101 Joan Behr, Foremost Farms USA, Baraboo WI
Noon–1 p.m.	Lunch
1–2 p.m.	Co-ops 101 (Continued)
2:05–2:45 p.m.	Team Meetings (Working on cooperative case studies led by Youth Corps and WI State FFA Officers)
2:45–3 p.m.	Break (Visit the Co-op Store)
3–6 p.m.	Breakthrough Leadership Craig Hillier, CSP, Winning Edge Seminars
6:10 p.m.	Youth Corps Interviews
7:20–8:20 p.m.	Banquet Announcement of Youth Corps Candidates Greetings from State FFA President
8:20–9:35 p.m.	Hypnotist, Dr. Al Snyder, Mondovi, WI
9:45 p.m.	Dance
9:45–11:45 p.m.	Visit the Co-op Store
Midnight	Lights Out!

### Tuesday, April 20

7–7:45 a.m.	Breakfast
7:45–10:15 a.m.	Co-op Store Open
7:50–8:10 a.m.	General Session Eye-Opener
8:15–9:35 a.m.	Concurrent Sessions (Choose to attend two of the three sessions)
8:15 – 8:50 a.m.	Session I
9:00 – 9:35 a.m.	Session II

#### Session Topics:

##### **Credit Unions vs. Banks: The Cooperative Difference**

Chuck Nibbe, VP of Marketing; and Kathy Sampson, Branch Manager; Co-op Credit Union, Black River Falls, WI

##### **Alternative Energy Sources**

Share Brandt, WECA Manager and VP  
Cooperative Network, Madison WI

##### **Is there a Cooperative Career in Your Future?**

Laura Mihm, Communications Specialist  
Foremost Farms USA, Baraboo, WI

9:45–10:30 a.m.	General Session Topic - TBA
10:30 a.m.	Break—Visit the Co-op Store, Hotel Checkout
11–Noon	General Session Election of Youth Corps Closing Speaker - TBA Snack Store Co-op Report Closing Remarks by Youth Corps Announcement of 2010-2011 Youth Corps
Noon	Pick Up Box Lunches Have a Safe Trip Home!



### What is the cost to attend?

Due to the generous contributions from member cooperatives, we are able to offer this two-day conference for only \$190 per person. The registration fee covers food, lodging, speaker fees, conference T-shirt, and educational materials.

### Contact Info:

#### **Cooperative Network**

Jessica Cummuta  
(608) 258-4400  
jessica.cummuta@cooperativenetwork.coop

# Co-ops Yes!

## 2010 YOUTH LEADERSHIP CONFERENCE

*(Duplicate this form as needed)*

**RETURN FORMS BY: March 29, 2010**

To: Cooperative Network  
131 W. Wilson St., Suite 400  
Madison, WI 53703-3269  
Fax: (608) 258-4407

**NO ONE MAY ATTEND THE MEETING  
WITHOUT A Completed Youth Leadership  
Conference Release Form.**

**\*\*\*Please print legibly or type:**

INCOMPLETE REGISTRATIONS WILL BE RETURNED.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SPONSOR INFORMATION:**

Complete name and address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_ (We will send press release and photo after the conference)

**REGISTRATION FEE IS \$190 PER INDIVIDUAL.** I agree to sponsor the above student for the amount of \$190. A Sunday night lodging fee is approved by me. Yes / No

Sponsor signature: \_\_\_\_\_

**IS SUNDAY NIGHT LODGING REQUIRED? [ ] YES [ ] NO (COST \$40)**

THE COST WILL BE **YOUR EXPENSE** UNLESS APPROVED BY THE CO-OP IN ADVANCE, AND IS BASED UPON THE ASSUMPTION OF **AT LEAST 3 PEOPLE PER ROOM.** SUNDAY LODGING **WILL NOT BE PROVIDED WITHOUT ADVANCE RESERVATION.**

List other participants who will be riding with you to the conference.

**Please specify any disability accommodations needed** (indicate number of registrants needing one or more of the following to participate in this conference:

\_\_\_\_\_ Dietary restrictions/vegetarian; please specify \_\_\_\_\_

\_\_\_\_\_ Brail materials \_\_\_\_\_ Taped or large print materials

\_\_\_\_\_ Interpreter (e.g. ASL, signed English), please specify \_\_\_\_\_

\_\_\_\_\_ Accessible parking space \_\_\_\_\_ Wheelchair or Scooter User

\_\_\_\_\_ Barrier-free room \_\_\_\_\_ Other

(specify): \_\_\_\_\_

**Requests must be made before the final registration deadline. After the deadline, no guarantee can be made for diet or other accommodations.**

**No youth will be admitted without**  
**A COMPLETED YOUTH LEADERSHIP CONFERENCE RELEASE**  
**ON REVERSE**

**Registration and Payment Deadline is March 29, 2010.**

# Youth Leadership Conference Release

PLEASE NOTE: Each release must include the completed and signed Agreement for Assumption of Risk, Hold Harmless, Indemnity, Medical and Consent for Emergency Information (please sign in all 5 places).

This form must be complete in order to attend the conference.

Student's Name \_\_\_\_\_  
Gender F M Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone/Pager (\_\_\_\_)\_\_\_\_-\_\_\_\_  
2nd Parent (or other adult emergency contact)  
Name \_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone/Pager (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship \_\_\_\_\_

### AGREEMENT FOR ASUMPTION OF RISK, HOLD HARMLESS, INDEMNITY, AND CONSENT FOR EMERGENCY TREATMENT

*\*If your son, daughter or ward will be under 18 while participating in recreational activities related to the Youth Leadership Conference, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.*

I agree to register myself (if 18 or over)/my child (if under 18) (print name) \_\_\_\_\_, age \_\_\_\_\_, to participate voluntarily in the Youth Leadership Conference, an educational program conducted by Cooperative Network. My/my child's participation in the Youth Leadership Conference is wholly voluntary.

I understand that I am being asked to read each of the following paragraphs CAREFULLY and to sign each section (total of 5).

#### Assumption of Risk:

I understand that physical activity related to the Youth Leadership Conference, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that I have been advised to have health and accident insurance in effect for myself/my child, and that no such coverage is provided for me/my child by Cooperative Network. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my/my child's participation is voluntary and that I knowingly assume all such risks.

I agree that I am/to instruct my child that he or she is expected to obey and remain in the presence, custody of program personnel, to abide by their instructions and the safety rules and regulations, as set and directed by Youth Leadership Conference program /staff . Misbehavior that, in the opinion of the program staff or director, results in risk to me/my child or other participants or that causes or threatens disruption to the program will disqualify me/my child from further participation.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

#### Hold Harmless, Indemnity and Release:

In consideration of permission for me/my child/ to voluntarily participate in the Youth Leadership Conference today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release Cooperative Network and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my/my child's participation in the above-listed program. This release includes claims based on the negligence of the Cooperative Network and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand and agree that this waiver covers each and every Youth Leadership Conference program activity and event in which I/my child participate(s). I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

#### Consent for Emergency Treatment:

I authorize Cooperative Network and their designated representatives to consent, on my/my child's behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

#### Medical and Emergency Information:

In case of an emergency and in the event a parent or guardian cannot be reached, contact the following individuals:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
or

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Daytime phone \_\_\_\_\_

#### Medical Conditions/Special Needs

For the safety of each registrant, it is important that the staff is aware of any special medical conditions or allergies. Youth Leadership Conference staff cannot administer or carry any medication.

Please answer the following questions in full. (Add page if necessary)  
My/my child's state of health:

If you/your child has special needs in the classroom (e.g. allergies, diabetes, heart or respiratory conditions, attention deficit disorders, learning disabilities, etc.), please explain how we can best accommodate this within the existing Youth Leadership Conference structure and program:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

#### Photograph/Video Release:

I understand that Cooperative Network may take photographs/video of Youth Leadership Conference participants and activities. I agree that Cooperative Network shall be the owner of and may use such photographs/video relating to the promotion of future programs. I relinquish all rights that I may claim in relation to the use of said photographs/video.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Participant/Parent or Guardian\*

RETURN FORMS BY: March 29, 2010  
To: Cooperative Network  
131 W. Wilson St., Suite 400  
Madison, WI 53703-3269  
Fax: (608) 258-4407

## CHAPERONE / INSTRUCTOR REGISTRATION FORM

### **CO-OPS YES!** **2010 YOUTH LEADERSHIP CONFERENCE**

Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Sponsor: \_\_\_\_\_

\_\_\_\_\_ \$190.00 Conference fee per person based on double occupancy

\_\_\_\_\_ \$240.00 Conference fee per person based on single occupancy

\_\_\_\_\_ **I require Sunday night lodging. Advance arrangements must be made with your sponsor. Sunday night lodging fees are not included in the conference registration fee. The cost is \$101.02 (please include this amount with your payment).**

Conference fee includes Monday night lodging, meals, breaks, speaker fees, Conference t-shirt and conference materials.

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**Please specify any disability accommodations needed** (indicate number of registrants needing one or more of the following to participate in this conference:

\_\_\_\_\_ Dietary restrictions/vegetarian; please specify \_\_\_\_\_

\_\_\_\_\_ Brail materials \_\_\_\_\_ Taped or large print materials

\_\_\_\_\_ Interpreter (e.g. ASL, signed English), please specify \_\_\_\_\_

\_\_\_\_\_ Accessible parking space \_\_\_\_\_ Wheelchair or Scooter User

\_\_\_\_\_ Barrier-free room \_\_\_\_\_ Other

(specify): \_\_\_\_\_

**Requests must be made before the final registration deadline. After the deadline, no guarantee can be made for diet or other accommodations.**

**For further information, please call: (608) 258-4400**

**Registration Deadline is March 29, 2010**