

Registration Form

Name _____ **County** _____ **Birthdate** _____ **Grade** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Family Email** _____ **Please check one:**
Name of Parent/Guardian _____ **4-H Member** **Non Member**
Phone 1: _____ **Phone 2** _____

* All youth not in 4-H MUST complete a medical release form *

February 2020				
Attend	Date	Program	Target Audience	Cost
	February 8	Dog Workshop	4-H or Clover Kids (Grades K-12)	FREE
	February 10	Healthy Body Healthy Mind	Youth in grades K-6	\$25; \$15 per additional sibling
	February 10	Healthy Body Healthy Mind	Youth Grades 6-9	\$25; \$15 per additional sibling
	February 11	Agronomy in the Field - Growing Season Weather Outlooks and Weather Resources	Adult women	FREE
	February 12	Commercial Ag Continuing Instruction Course	Pesticide Applicators	\$35 pre reg; \$45 walk in/ late reg
	February 14	Heart Day!	Youth grades K-6	\$25; \$15 per additional sibling
	February 18	Private Pesticide Applicator Continuing Instruction Course	Private Pesticide Applicators	\$20
	February 19	Family Night	Parents and youth of all ages	FREE
	February 19	Seed Treatment Continuing Instruction Course	Pesticide applicators	\$35 pre reg; \$45 walk in/ late reg
	February 20	Communication Project Help Night	4-H Youth (grades 4-12)	FREE
	February 21	Babysitting Basics	Youth in grades 5 and up	\$25; \$15 per additional sibling
	February 27	Private Pesticide Applicator Continuing Instruction Course	Private pesticide applicators	\$20
	February 27	Clover Kids Poster Making Night	Clover Kids (grades K-3)	FREE
	February 29	Rabbit Project Workshop	4-H and Clover Kid Youth (grades K-12)	FREE
March 2020				
	March 2	Iowa Weather Winter Webcast	Adults, Master Gardeners	FREE
	March 2, 9, 16, 23	Healthy You!	Parents with their children of all ages	FREE
	March 3	My Plate	Families and youth ages 6-12	FREE
	March 6	Extension Serves All	Everyone, adults, youth, all ages	FREE
	March 6	Alzheimer's 101	Adults	FREE
	March 11	Certified Handlers Continuing Instruction Course	Pesticide Applicators	\$35 pre reg; \$45 walk in/ late reg
	March 12	Newton Augmented Reality	Youth in grades 4-8	\$25; \$15 per additional siblings

March 2020				
Attend	Date	Program	Target Audience	Cost
	March 13 & 14	Ricochet	Youth in grades 5-8	\$45
	March 16	Bring Kids in the Garden Winter Webcast	Adults, Master Gardeners	FREE
	March 16	Artful Day	Youth in grades K-6	\$25; \$15 per additional siblings
	March 17	Agronomy in the Field - Planning for Successful Implementation of a Herbicide Program Resources	Adult women	FREE
	March 18	Private Pesticide Applicator Continuing Education	Pesticide applicators	\$20
	March 18	Garden Time	Youth in grades K-6	\$25; \$15 per additional sibling
	March 19	Babysitting Basics	Youth in grades 5 and up	\$25; \$15 per additional sibling
	March 19	Write Up Help Night	4-H youth (grades 4-12)	FREE
	March 20	Animal Care	Youth in grades K-3	FREE
	March 20	YQCA Face to Face Training	4-H Youth (Grades 4-12)	FREE
	March 26, Thursdays through May 21	Junior Master Gardeners	Youth in grades	\$50 per participant
	March 26, Thursdays through April 30	Better Choices, Better Health	Chronic illness patients or caretakers	\$25
April 2020				
	April 7	Agronomy in the Field - Early Season Scouting Tips and Tricks	Adult women	FREE
	April 13	Agriculture Day	Youth in grades K-6	\$25; \$15 per additional sibling
	April 13	Iowa's Botanists Winter Webcast	Adults, Master Gardeners	FREE
	April 21	Raising Backyard Chickens	Everyone, all ages	FREE
	April 23	Chicken Chat	4-H Youth (Grades 4-12)	FREE
	April 25 & 26	Family Camp	Families and Youth	FREE
May 2020				
	May 7	ID Help Night	4-H Youth (grades 4-12)	FREE
	May 9	Horse Clinic	4-H Youth (grades 4-12)	FREE
	May 31	YQCA Face to Face Training	4-H Youth (grades 4-12)	FREE

Photo Release

I, _____, hereby grant permission to Story County Extension and Outreach to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission of Iowa State University Extension and Outreach.

Signature of Participant: _____

Signature of Guardian for Children under 18: _____

Date: _____

* All Youth whom are not 4-H Members MUST complete medical form *

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____
Name of Family Doctor _____
Name of Dentist _____

Backup Contact (Relative or Friend)

Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____
Office Number _____
Office Number _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT- TO BE READ AND SIGNED BY PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature _____ Date _____

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

INSURANCE POLICY INFORMATION

I understand that ISU Extension and Outreach (ISUEO) of Story County purchases a primary accident insurance policy to cover 4-H members and participants during authorized group events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits. _____ initial _____ date

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization.
_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader. _____ initial _____ date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: (**Check all that apply.**)

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H activities.
- My child to drive his/her vehicle to 4-H activities or events.
- My child to transport other 4-H participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.
_____ initial _____ date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for _____ to participate in the 4-H program. I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature _____

Date _____

(Must be signed by the parent or guardian if the participant is under 18 years old)