



The Clover Chatter

Prepared by Joyce Coppess, Office Manager and Cedar County Youth Coordinator

January 2010

Office Hours

Monday – Friday
8:00 am – Noon
12:30 pm – 4:00 pm

Office Staff

Joyce Coppess

Office Manager and
County Youth Coordinator

Betty Ellenhoff

Part-time Office Assistant
Bookkeeper

Gaylene Gilbert

4-H Expansion Coordinator

Robert F. Owen

Region 16 Regional Extension
Education Director

Youth

Development Committee

Loren Mohr—Chair
Michele Proesch—V Chair
Linda Jacobsen—Sec.
Teri Baird
Bill Ciha
Tom Driscoll
Rick Fitzgerald
Dave Frederick
Richard Frauenholz
Vicki Pruess
Ed Wehde

Extension to Youth and 4-H



COUNTY WIDE LOCK IN AND SHARE THE FUN

The Cedar County Youth Council will be sponsoring a county wide lock-in on January 16th and January 17th. The event will be held at the Tipton High School with check in between 7:30 pm and 8:00 pm on Saturday evening January 16th. At 8:00 pm the doors will be secured and will be opened again on Sunday morning from 7:00—7:15 am when parents should arrive to meet the youth participants. **(Please note these times on your calendars).**

All 4-H members (must have their enrollment forms in the office) are invited to attend and can bring **one (1) friend**. **The cost of the event will be \$15 per person if you have your forms and money in the extension office by January 8th at 4:00 p.m.**

For registrations received after January 8th or at the door the cost will be \$20 per person. All snacks and pop will be furnished at the lock in as well as other food through out the event. Additional food and drink should not be brought to the event. We will also be asking that cell phones be left at home or checked at the door.

Each guest will be required to have a completed Medical Information/Release form and permission form (which are enclosed with the newsletter) before they will be allowed to attend the lock-in. 4-H members will be able to use the Medical Information/Release form they have completed and have on file at the extension office. 4-H members will also need to have a permission slip completed in order to attend. Everyone must have a health form for the event.

The Share the Fun event will also be held during the lock in. The County Council has challenged every club to participate in Share the Fun. Those wanting to participate should have their name in the Extension Office by January 13th.

MARKET BEEF INFORMATION

Be sure that you look over your registration forms and compare the information to the copy of your ID form which you will receive in the mail soon. It will be helpful for the office to have a copy of your registration papers on file in the office. If you have any questions, please contact the Extension office and talk with Joyce.

FSQA CERTIFICATION

Again for 2010, all exhibitors of market beef, breeding beef, bucket bottle calf, dairy cattle, goats—both dairy and meat, rabbits, poultry, sheep—breeding and market, swine and any other food producing animal will be required to have current FSQA certification to be eligible to exhibit those respective species at the county and state fair.

Certification received through a training session will be good for only one year.

- All youth ages 9—11 on January 1, 2010 will need to attend an approved training each year.
- Youth ages 12—14 on January 1, 2010 will have the option of attending a training every year, or completing a test which will certify them until they turn 15.
- Youth ages 15—18 on January 1, 2010 will have the option of attending a training every year, or completing a test which will certify them until they are 18.
- At the time youth turn 19, they will need to certify in the adult Quality Assurance programs according to the adult rules.

Dates for the FSQA certification sessions will be announced in later this month.

2010 FAIR

The dates for the 2010 Cedar County fair are **July 14—18** with conference judging on July 12. The Youth Committee will be looking over the rules and classes for the 2010 fair. If you have something you would like the committee to look at or suggestions for judges, please contact the office and let Joyce know.



SHOOTING SPORTS CLUB

IT IS NOT TOO LATE TO JOIN —

The Shooting Sports Club is still looking for members. If you are interested, please contact Barb or Rich Frauenholz or contact the Extension Office — 563-886-6157.

AREA / STATE RECOGNITION

It is not too early to start planning to apply for area and state recognition. What can you apply for? 4-H members in grades 9—12 can apply for project recognition, to be a member or the State 4-H Council or the State 4-H Tech Team, or can be selected to attend National 4-H Congress or National 4-H Conference.

All you have to do is put together 5 pages of support material and have it to the Extension Office by February 1st. Interviews will be held on Sunday February 28th in Muscatine.

If you have questions about area awards, please contact the office and talk with Joyce. Help will also be provided in completing the application and putting together the support material.

COMMUNITY SERVICE

By: Center Ring Leaders 4-H Club

WHAT: Recycle your Christmas cards or other greeting cards

WHEN: The final date for cards to come in will be January 29th.

WHERE: Drop your cards off at the Cedar County Extension Office

HOW: The recycling center is able to use the entire card, you do not



Iowa 4-H Medical Information/Release Form (Non 4-H Club Members - Youth)

_____ Year

PARTICIPANT INFORMATION

Participant's Name _____
 Permanent Address _____ Date of Birth _____ Gender _____
 City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

<p><u>Person to Contact First</u> Name _____ Relation to Participant _____ Daytime Phone _____ Evening Phone _____ E-mail _____ Name of Family Doctor _____ Name of Dentist _____</p>	<p><u>Backup Contact (Relative or Friend)</u> Name _____ Relation to Participant _____ Daytime Phone _____ Evening Phone _____ E-mail _____ Office Number _____ Office Number _____</p>
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INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you.

**If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
 Address _____ Relation to Participant _____
 City, State, Zip _____ Occupation _____
 P.H.'s Employer's Name/Address _____

Insurance Company Name _____
 Policy # _____ Plan # _____

Health Information (*Please Print*)

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

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

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

- | | | |
|------------------------|----------------------|--------------------|
| Aspirin | Dairy | Peanuts |
| Penicillin | Gluten | Other (list) _____ |
| Insect bites or stings | Ivy/oak/sumac toxins | |

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.)

Date of last tetanus shot (*approximate if necessary*): _____ **(Over)**

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

It is important to follow the directions of the 4-H Club 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.

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 health care 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. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.) _____ 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 4-H program leader. _____ initial _____ date

TRANSPORTATION

I am giving my permission for my child to be transported to and from 4-H Club activities or events. I give my permission for:
(Circle 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 Club activities.

My child to drive his/her vehicle to this 4-H activities or events.

My child to transport other 4-H Club 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 Club 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 CLUB 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 club 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. I nonetheless wish to have my child participate as an Iowa 4-H club member in the 4-H club 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)

JANUARY 16 & 17, 2010 — 4-H LOCK-IN PERMISSION FORM for

4-H MEMBER

I _____ am attending the 2010 Lock In — My guest will be _____
(4-H Member) (Guest Name)

Parents of 4-H member _____.

4-H Parents Phone # _____ Emergency # _____

- ⇒ I understand that no alcohol, tobacco, smoking, drugs (unless prescription) or inappropriate behavior is allowed.
- ⇒ I understand that once I arrive I will not leave unless permission is granted by my parent/guardian and approved by the chaperoning staff.
- ⇒ **No cell phones and no food should be brought to the lock in.**

Signature of 4-H member Date

I the parent/guardian of the above-named youth, hereby, give permission to participate in the 2009 4-H Lock-In. I also give permission for first aid and admittance to a hospital for necessary medical care in case of emergency.

Signature of Parent/Guardian of 4-H Member Date

MUST ALSO HAVE MEDICAL INFORMATION/RELEASE FORM ON FILE IN OFFICE

JANUARY 16 & 17, 2010 — 4-H LOCK-IN PERMISSION FORM for

GUEST

I _____ am attending the 2010 Lock In with _____
(Guest name) (4-H Member)

Parents of guest _____.

Guest Parents Phone # _____ Emergency # _____

- ⇒ I understand that no alcohol, tobacco, smoking, drugs (unless prescription) or inappropriate behavior is allowed.
- ⇒ I understand that once I arrive I will not leave unless permission is granted by my parent/guardian and approved by the chaperoning staff.
- ⇒ **No cell phones and no food should be brought to the lock in.**

Signature of Guest Date

I the parent/guardian of the above-named youth, hereby, give permission to participate in the 2009 4-H Lock-In. I also give permission for first aid and admittance to a hospital for necessary medical care in case of emergency.

Signature of Parent/Guardian of Guest Date

MUST COMPLETE THE MEDICAL INFORMATION/RELEASE FORM ENCLOSED WITH NEWSLETTER

Iowa State University
Cedar County Extension
107 Cedar Street
Tipton IA 52772

December 2009 — Mailed — Tipton Post Office



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RETURN SERVICE REQUESTED

Keep Soaring With 4-H — IOWA 4-H VOLUNTEER RETREAT

This retreat brings together 4-H volunteers, staff, parents, and intermediate and senior 4-H members to network and learn about innovative programs that will help bring fresh perspectives and activities to Iowa 4-H programs. Friday evening is a networking/fellowship type gathering with hands-on activities. Workshops and networking fill the day on Saturday, Feb 27. A wide variety of workshop sessions will meet the needs of both new and experienced volunteers, staff, and 4-H members. Thanks to a grant from Monsanto, the registration fee this year is only \$10 and includes lunch and snacks.

This year's Retreat is hosted by DMACC Continuing Education, and sponsored by ISU Extension. All activities, Friday evening and Saturday, will take place at the Des Moines Area Community College (DMACC) Campus in Ankeny. It is located a few miles off I-80 and I-35 north of Des Moines. The registration fee covers sessions during the time you are registered, a snack on Friday evening and snacks and lunch on Saturday. DMACC will provide general CEU credit for attending the sessions. Check out the website for more information.....

<http://www.extension.iastate.edu/4h/Volunteers/retreat.htm>

CALENDAR OF EVENTS

January

- 1 Holiday—Office closed
- 10 County Council meeting
- 13 Share the Fun entries due
- 16 Lock in—Tipton High School—8:00 p.m.
- 16 Share the Fun at Lock In
- 17 County Wide Lock in pick up —7:00-7:15 am
- 18 Holiday—Office closed
- 31 New Member night—Extension Office

February

- 1 Area Award applications due

NEW MEMBER NIGHT

Information for the New Member Event will be sent out to all new members who have their enrollment forms in the office. If you know of someone who will be joining 4-H — please encourage them to send the enrollment form into the office.

The New Member Event will be held on January 31st. +

