



# CLOVER CHATTER

January 2011

## EXTENSION TO YOUTH AND 4-H



### Youth Development Committee Members 2010 - 2011

Loren Mohr—Chairperson  
Michele Proesch—V Chair  
Ann Mente—Secretary  
Teri Baird  
Tom Driscoll  
Christa Eads  
Rick Fitzgerald  
Dave Frederick  
Ed Wehde  
Deb Wenndt



Joyce Coppess  
Cedar County Extension  
Office Manager and County Youth Coordinator  
coppess@iastate.edu  
Office Phone -- 563-886-6157  
Fax -- 563-886-2356

### Food Safety Quality Assurance Information

If you are interested in taking the test for Food Safety Quality Assurance (FSQA), please contact the Extension Office to set up a time. Anyone who is bringing any of the following animals to the fair, must first be FSQA certified by either testing out or attending a training – beef (breeding and market), sheep (breeding and market), all swine, poultry, goats, dairy animals, bottle bucket calves and rabbits. Details are:

**Grades 4-6** – you must attend FSQA training once a year.

**Grades 7-9** – you may either attend training yearly or take the intermediate test.

**Grade 10-12** – you may either attend training yearly or take the senior test.

If your certification is current because you have tested out of FSQA and if you have a current email account on file, you can check your FSQA status through 4hOnline. Log on at [www.4hOnline.com](http://www.4hOnline.com) and check it out.

### Joyce Coppess, Cedar County Youth Coordinator

#### Extension Office Hours

Monday—Friday

8:00 AM—Noon  
and  
12:30 PM—4:00 PM

Phone—563-886-6157

Fax—563-886-2356

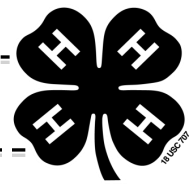
#### Office Staff

Joyce Coppess  
Office Manager  
County Youth Coordinator  
Betty Ellerhoff  
Bookkeeper & PT Office Assistant  
Daleta Christensen  
Youth Program Director  
Bob Owen  
Region 16 Director

**4-H**  
GROWING TOGETHER

IOWA STATE UNIVERSITY  
University Extension

CEDAR COUNTY EXTENSION --- 107 CEDAR STREET --- TIPTON, IA --- 52772



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## **Welcome New 4-H Members.....**

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### **CENTER RING LEADERS**

*Kerilynn Battey  
Ben Berglund  
Clayton Eads  
Katrina Gustafson  
Noah Jedlicka  
Madison O'Leary  
Amanda Smith  
Erica Wehde  
Steven Wethington*

### **CLARENCE JUNIOR H'S**

*Makayla Helmold  
Jamie Kremer  
Samantha Kremer  
Kaitlyn Thompson*

### **INLAND 4-H**

*Ben Ellis  
Bryce Lafrenz  
Erica Lucas  
Jarod Moeller  
Jada Rock  
Jonah Werth  
Jacob Wulf*

### **LOWDEN LASERS**

*Karlie Proesch  
Sebastian Cinkovich  
Amanda Phan*

### **NEW HORIZONS**

*Blake Bell  
Taylor Brown  
Dylan Woods*

### **PORK CENTER PIONEERS**

*Greta Albaugh  
Logan Thimmes  
Kealy Taylor  
Courtney Thompson  
Jared Thompson*

### **SPRINGDALE WILDCATS**

*Jacob Barnhart  
Derek Fetzer  
Ethan Fetzer  
Emily Harold  
Brett Schiele  
Lexie Wehde*

### **SUGAR CREEK CHALLENGERS**

*Kolten Bentley  
Erica Chapman  
Blake Ehler  
Lauren Jensen  
Charli Mosier  
Lea Ponce*

*Let's see this list continue to grow.*

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## **Market Beef Information.....**

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*Market Beef weigh-in was held on December 18<sup>th</sup> for youth in Cedar County. When you receive your weigh-in follow up letter and a copy of your ID form in the mail, please take the time to look it over and return the form to the Extension Office by the required deadline.*

*It is important that we have this form on file in the office as we begin to work with forms and information for the fair weigh-in. If you have changes on the forms, please make a note when you return them.*

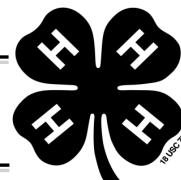
*Youth who have animals they want to show at the Iowa State Fair will be receiving a letter and a copy of their ID form along with information on how to go on line and verify the information which has been entered for the Iowa State Fair nomination process.*

*You must have an active e-mail account on your enrollment information in the Extension Office so you can follow up with this. This is a new process this year and if you have questions, please contact Joyce at the Extension Office for help.*

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## **MISSION STATEMENT**

*4-h empowers youth to reach their full potential working and learning in partnership with caring adults*



## Tractor Supply Supports 4-H

Tractor Supply stores in communities across the country have long supported 4-H clubs and now Tractor Supply Company has entered into an official partnership with the National 4-H Council as your National 4-H Project Headquarters.

This means that local clubs and 4-H members can also reap rewards from Tractor Supply with the new TSC Clover Card.

By registering for a card, you will get special notifications from TSC and 4-H and access to special deals at TSC only available to TSC Clover Card holders. Best of all, each time you use your card, your club has a chance to win additional funding from TSC.

Each month, TSC will randomly select five transactions made with the Clover Card. The local club associated with each of those cards will receive a Tractor Supply Gift Card. Remember, each swipe of the card give your club a better chance to win gift cards from TSC. The TSC Clover Card offers special deals to those in the 4-H community – parents, guardians, volunteers and leaders.

For more details and stores located near you go to the website: [www.tractorsupply.com](http://www.tractorsupply.com) and click on the event page - then in the upper right hand corner you will find information about the 4-H and TSC program.

## Community Service Project by Center Ring Leaders 4-H Club

- WHAT:** Recycle your Christmas cards or other greeting cards
- WHEN:** Cards will be collected until February 7, 2011.
- WHERE:** Drop your cards off at the Cedar County Extension Office
- WHY:** Cards will be recycled and used for art projects at Camp Courageous. They are able to use the entire card for their projects, you do not need to remove the back of the card.



## 4-H Day at Cyclone Women's Basketball Game

The Iowa 4-H Foundation is hosting a 4-H Day at the Iowa state Women's basketball game versus Texas A & M on Saturday, January 22, 2011 at Hilton Coliseum in Ames. Tip-off is at 11:00 am. Ticket prices are discounted and will include admission to game, pre-game tailgate, Exclusive Cyclone 4-H t-shirt, donation to the Iowa 4-H Foundation.

Join your fellow 4-H members and Cyclone fans from 8:30 – 11:00 am for an exclusive 4-H pre-game brunch tailgate that will be held at the Iowa state Center Scheman Building (next to Hilton Coliseum). Parking is available directly north and south of Scheman or in the lots across the street to the south where other game attendees will park.

Pick up your ticket(s) and t-shirt(s) at the tailgate event prior to the game. They will not be mailed in advance.

For more information – go to this website [www.extension.iastate.edu/4h/explore/isuwbb](http://www.extension.iastate.edu/4h/explore/isuwbb)

There is a deadline for ordering tickets and shirts.

**LEARN THROUGH 4-H**

<http://www.extension.iastate.edu/cedar/kidsteens.htm>

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## 4-H Hot Sheets Available in Place of Project Publications

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Here is some **HOT** news for you! 4-H Project publications have been replaced by project Hot Sheets. Hot Sheets are a one page powerhouse of information packed full of ideas on a particular project area. A list of reliable resources can also be found on the back of each sheet for you to explore. To access Hot Sheets, go to:  
<http://www.extension.iastate.edu/4h/projects>

A list of project areas will be in a column on the right side. Selecting a project area will take you to the website where you can click on the Hot Sheet hyperlink on that page.

If you still would like to look at the project books, we have complete sets on file in the Extension Office for purchase.

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## State 4-H Volunteer Retreat

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Leaders, parents, and 4-H members in grades 7 – 12 are invited to attend the State Volunteer Retreat on February 11 – 12 at the Des Moines Area Community College (DMACC) in Ankeny. Titled “Keep Soaring” this retreat is guaranteed to enhance your skills in meeting the needs of your club.

Due to a generous grant from Monsanto, cost of the retreat is only \$10 if you register by January 21. Late registrations are \$15 and accepted until January 28. For more information contact the Extension Office or go to:  
<http://extension.iastate.edu/4h/Volunteers/retreat.htm>

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## 4-H Foundation Cards

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Each year the Iowa 4-H Foundation asks clubs to send in homemade Christmas cards to be used to send to donors. This year, due to a large number of surplus cards from past years, Christmas cards are not needed. However, birthday, thank you, anniversary, etc cards are needed and would be appreciated.

Please keep the size of the cards to 4.5' x 6.25" or the size of a sheet of paper folded twice to save on postage.

Cards may be sent to the Iowa 4-H Foundation, Extension 4-H Youth Building, ISU, Ames IA 50011-3630

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## 4-H Scholarships Available - Juniors, Seniors and College Students

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Are you planning to further your education after high school? If so, check out the 4-H scholarship website at: <http://extension.iastate.edu/4h/teens/scholarships.htm> Here you will find information for scholarships that are for 4-H members only as well as scholarships where 4-H members must meet eligibility requirements.

All Scholarships are due to the State 4-H Office no later than February 1. Non 4-H scholarships will have their own deadlines and requirements. Please be sure to read all requirements for scholarships and the residency restrictions.

**HIGH SCHOOL JUNIORS:** You are eligible to apply for the Hills Bank & Trust Leadership grant. Information for this opportunity can be found at the same website. Applications are also due on February 1<sup>st</sup> to the State 4-H office.

The upcoming Holiday vacation is a great time to start completing your scholarship applications. It takes time to complete the application process ----- so start early! If you need reference letters from the office, please ask early so we have time to complete them.

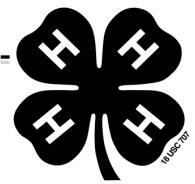
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**START WORKING ON YOUR 4-H PROJECTS AS THE COUNTDOWN TO FAIR STARTS.**

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## 4-H NIGHT WITH THE ROUGH RIDERS

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Are you interested in attending a hockey game with the Cedar Rapids Rough Riders? You have an opportunity to do just that on January 8<sup>th</sup> when the Rough Riders play host to the Green Bay Gamblers at the "The Stable".

If you have questions or you want to order tickets contact Alissa at 319-247-0340 or send an email to [awanless@roughridershockey.com](mailto:awanless@roughridershockey.com).

Invite your friends and family to get discounted tickets – no matter the size of the group. The deadline to order specially priced tickets will be January 7<sup>th</sup>.

You can also find information on their web page <http://www.ridertownusa.com/>

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## 4-H LOCK-IN IS SCHEDULED

The Cedar County Youth Council will be sponsoring a county wide lock-in on January 15<sup>th</sup> and 16<sup>th</sup>. 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 15<sup>th</sup>. 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 pick up 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 10<sup>th</sup> at 4:00 pm. For registrations received after January 10<sup>th</sup> 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 throughout 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 from 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 fees for service will be used to off-set direct expenses and to support the Cedar County Youth Council Program.*

### 4-H Calendar

#### January

- 15 4-H Lock In
- 16 4-H Lock in pick up – 7:00 – 7:30 am
- 17 Holiday – Office closed
- 22 4-H Day at ISU Women's Basketball game
- 30 New Member Event – Extension Office

#### February

- 1 Applications for state 4-H Recognition and Scholarships due to State 4-H Office

### New 4-H Member Event

*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 in or contact the Extension Office.*

*The New Member Event will be held on January 30<sup>th</sup>.*

*Please contact Joyce at 563-886-6157 if you plan to attend.*

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## 4-H PLEDGE

*I pledge my head to clearer thinking, my heart to greater loyalty, my hands to larger service, and my health to better living, for my club, my community, my country, and my world.*

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



2010 - 2011 Year

PARTICIPANT INFORMATION

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

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First
Backup Contact (Relative or Friend)
Name
Relation to Participant
Daytime Phone
Evening Phone
E-mail
Name of Family Doctor
Name of Dentist
Office Number

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
Address
City, State, Zip
P.H.'s Date of Birth
Relation to Participant
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, Penicillin, Dairy, Gluten, Peanuts, Insect bites or stings, Ivy/oak/sumac toxins, 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.)

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)*

I \_\_\_\_\_ am attending the 2011 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 2011 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**

I \_\_\_\_\_ am attending the 2011 Lock In — My guest will be \_\_\_\_\_  
(4-H Member) (Guest Name)

Parents of 4-H member \_\_\_\_\_.

4-H Parents Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

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