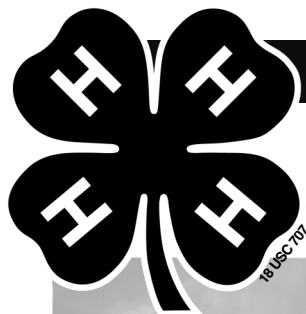


CLOVER CHATTER



December --- 2011

EXTENSION TO YOUTH AND 4-H



Joyce Coppess
Cedar County Extension
Office Manager and County Youth Coordinator
Office Phone — 5863-886-6157
Fax—563-886-2356

IS THIS YOUR LAST CLOVER CHATTER.....

Don't let this be your last Clover Chatter! Starting with the January Newsletter we will be using this year's enrollments. The newsletter will be coming to you by our webpage or from 4honline.

If you have not completed your re-enrollment you will not receive the newsletter until you do. Don't delay—enroll today.

Log on to iowa.4honline.com by using your email address and password from last year. **DO NOT SET UP ANOTHER PROFILE.** If you have trouble logging in contact the Extension Office and we will figure it out together.

If you complete your medical release and code of ethics information on line—You do not need to turn in a paper copy to the Extension Office.

Joyce Coppess, Cedar County Youth Coordinator

Youth Development Committee Members

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

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
Lori Miller
P T Office Assistant
Daleta Christensen
Youth Program Director
Bob Owen
Region 16 Director

IOWA STATE UNIVERSITY
University Extension

4-H
GROWING TOGETHER

CEDAR COUNTY EXTENSION - 107 CEDAR STREET—TIPTON IA 52772



Have you completed your enrollment at Iowa.4honline.com ??

Leaders received a list of their members who have not completed the re-enrollment process in 4honline yet at the leader meeting.

If you are having problems completing this process, please contact the Extension Office and we will walk you through it.

When you go to enroll on line this is the screen you will see. Click on the state of Iowa only.



This will be the next screen you will see. As a returning member **you already** have a profile. You will enter your email account and the password you used to check this email. If you do not remember your password — you will need to ask for a new password and it will be sent to your email account.



You are now ready to begin your re-enrollment process. Be sure to complete all of the medical information and to enroll in project areas. Your status will be pending until enrollment fees are paid.

Please be sure to contact the Extension Office if you need help with this process. The absolute last date to complete re-enrollment is December 30th.

WELCOME NEW 4-H MEMBERS

New members continue to be added to Cedar County 4-H online. Several of these families are new in 4-H and might need some extra help to feel comfortable. One thing would be to help new members learn the 4-h pledge.

Blair Nebergall—Center Ring Leaders
Britney Ford—Center Ring Leaders
Eli Lindsay—Center Ring Leaders
Emily Falkers—Center Ring Leaders
Emma Thompson—Center Ring Leaders
Erin Collins—Center Ring Leaders
Grace Nichols—Center Ring Leaders
Jesse Lieser—Center Ring Leaders
Laura Webb—Center Ring Leaders
Melinda Collins—Center Ring Leaders
Rebekka Berglund—Center Ring Leaders
Sara Webb—Center Ring Leaders
Tiger Emrich—Center Ring Leaders
Abigail Mackey—Clarence Junior H's
Callie Meyer—Harmony Hustlers
Owen Meyer—Harmony Hustlers
Dalton Miller—Harmony Hustlers
Travis Miller—Harmony Hustlers
Jake Willkomm—Inland 4-H
Mariah Behrens—Lowden Lasers
Tessa Roseke—Lowden Lasers
Xzavior Brown—New Horizons
Brennen Kreel—Pork Center Pioneers
Cole Taylor—Pork Center Pioneers
James Garner—Pork Center Pioneers
Teresa Petsche—Pork Center Pioneers
Alex Miller—Springdale Wildcats
Allison McMath—Springdale Wildcats
Brady Edge—Springdale Wildcats
Carl Heick—Springdale Wildcats
Gracelyn Kerchner—Springdale Wildcats
Kayla McMath—Springdale Wildcats
Levi Kleinmeyer—Springdale Wildcats
Lily Kleinmeyer—Springdale Wildcats
Marissa Dallege—Springdale Wildcats
Mikayla Prusha—Springdale Wildcats
R J Denneson—Springdale Wildcats
Alex Storjohann—Sugar Creek Challengers
Alison Anderson—Sugar Creek Challengers
Austin Mente—Sugar Creek Challengers
Kamryn Chapman—Sugar Creek Challengers
Levi Mohr—Sugar Creek Challengers

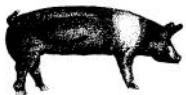


CITIZENSHIP WASHINGTON FOCUS

Iowa 4-H'ers in grades 10—12 are invited to hop on the bus to Washington DC with other 4-H members from across the state in June 2012 for Citizenship Washington Focus. While there you will tour the sights of the city including Arlington National Cemetery, the Holocaust Museum, and the National Mall and Memorial Park, the Smithsonian, Capital where you will meet your legislators and much more. Lodging will be at the National 4-H Conference Center.

Participants learn the importance of civic and social responsibilities as they relate to the development of better citizens and leaders.

2012 trip dates are June 8-16 or June 15-23. Registration fee is \$1,270 which includes transportation, lodging, entrance to all sites, and most meals. Deadline to register is December 15. A deposit of \$350 is due at sign-up. Remaining payments of \$510 are due February 15 and April 15. Registration is done through your account in 4honline, but you must be enrolled for 2012 to be able to register. More information at: <http://www.extension.iastate.edu/4h/cwf>



DERBY SWINE WEIGH-IN

Weigh-in date for Derby swine will be March 10th. Mark this date on your 2012 calendar. This weigh-in is for county fair pigs only. State Fair animals will be ID'd on a different date. This will be announced as it becomes available.

SHEEP & MEAT GOAT WEIGH-IN (includes commercial ewes)

All sheep and meat goats will need to attend the weigh-in to be held on May 5th at the fairgrounds. We will also be working with animals nominated for the Iowa State Fair and Aki-Sar-Ben at this time.

NEW—All commercial ewes must come to weigh-in to be ear tagged and those going to state fair will be retinal imaged for the 2012 fair. L Purebred Ewes do not need to attend this weigh-in.

To learn more about the work of the Cedar County Youth Committee everyone is invited for a brief report during the Cedar County Extension Council meeting on December 7, 2011 @ 7 pm.



4-H DAY AT THE ISU WOMEN'S BASKETBALL GAME

The annual Iowa 4-H Day at the ISU Women's Basketball game is scheduled for January 14, 2012. The Cyclones will tip off at 7:00 pm against Texas A & M. A dinner will be provided from 4:30—7:00 pm at the Scheman Building before tipoff. This year's price to attend is \$20 per person. Gather your club members and get ready to have some fun and cheer on the Cyclone Women's Basketball team.

Ticket includes:

- ⇒ Admission to the game
- ⇒ Pre-game tailgate party (food & drink) at the Iowa State Center Scheman Building (first floor)
- ⇒ Exclusive Cyclone 4-H t-shirt.
- ⇒ *4-H Leads to Careers* tour hosted by the College of Human Sciences (300 person limit)

Tentative Schedule of Events

- ⇒ 3:00 pm 4-H Leads to Careers at LeBaron Hall
- ⇒ 3:30 pm—ISU Campus Tour
- ⇒ 4:30—7:00 pm—4-H Day Tailgate Meal at Scheman Building
- ⇒ 7:00 pm—Tip off AISU Cyclones vs Texas A & M at Hilton Coliseum

To register, go to www.iowa4hfoundation.org and click on the **Events** tab. Register by December 31 to receive the t-shirt. You may still attend the game and other events; however, t-shirts can- not be guaranteed after this date.

COUNTY WIDE LOCK IN

The Cedar County Youth Council will be sponsoring a county wide lock-in on January 14 and 15 at the Tipton High School, with check-in between 7:30 pm and 8:00 pm on Saturday evening January 14th. 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.

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 10th at 4:00 pm.**

The cost at the door will be \$20 per person. Food and drink should not be brought to the event as all food will be furnished. 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 need to complete the registration form as well as their guests.

JANUARY 14 & 15, 2012 -4-H LOCK-IN PERMISSION FORM for 4-H MEMBER to complete

I _____ am attending the 2012 Lock In and 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 2012 4-H Lock-in. I also give permission for first aid and admittance to a hospital for necessary medical care in care of emergency.

Signature of Parent/Guardian of 4-H Member

Date

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

JANUARY 14 & 15, 2012 -4-H LOCK-IN PERMISSION FORM for GUEST to complete

I _____ am attending the 2012 Lock In and My guest will be _____
(Guest Name) (Member Name)

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 2012 4-H Lock-in. I also give permission for first aid and admittance to a hospital for necessary medical care in care of emergency.

Signature of Parent/Guardian of Guest

Date

MUST COMPLETE MEDICAL INFORMATION/RELEASE IN THIS NEWSLETTER

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

PARTICIPANT INFORMATION

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

MEDICAL EMERGENCY CONTACT INFORMATION

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

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.

Participant Signature _____ Date _____

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

JANUARY 14 & 15, 2012 -4-H LOCK-IN PERMISSION FORM for 4-H MEMBER to complete

I _____ am attending the 2012 Lock In and 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 2012 4-H Lock-in. I also give permission for first aid and admittance to a hospital for necessary medical care in care of emergency.

Signature of Parent/Guardian of 4-H Member

Date

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

JANUARY 14 & 15, 2012 -4-H LOCK-IN PERMISSION FORM for GUEST to complete

I _____ am attending the 2012 Lock In and My guest will be _____
(Guest Name) (Member Name)

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 2012 4-H Lock-in. I also give permission for first aid and admittance to a hospital for necessary medical care in care of emergency.

Signature of Parent/Guardian of Guest

Date

MUST COMPLETE MEDICAL INFORMATION/RELEASE IN THIS NEWSLETTER

Iowa State University
Cedar County Extension
107 Cedar Street

NON PROFIT ORGANIZATION
US POSTAGE PAID
Permit No. 13
TIPTON IA 52772

Tipton IA 52772

December 2011 — Mailed — Tipton Post Office



RETURN SERVICE REQUESTED



TO ALL CLUB LEADERS

Have you been in Iowa.4honline.com and updated your leader records. You must do this before you will become an active leader and have access to your club records. It will be important for you as a leader to look at club records and monitor your members to see that they are current in their enrollment, projects and FSQA. 4honline will also have all of the 4-H newsletters and all



***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 3, 2012

WHERE: Drop your cards off at the 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.

CALENDAR OF EVENTS

December

- 8 Youth Committee Meeting
- 15 Club Insurance due
- 17 Market Beef Weigh-in
- 23-26 Holiday—Office closed
- 30 Absolute last day for returning 4-H members to enroll for 2012.

January

- 2 Holiday—Office closed
- 14 Lock in—Tipton High School
- 14 Share the Fun at the Lock In
- 16 Holiday—Office closed

February

- 1 State Recognition applications due to state office
- 1 Hills Bank Leadership applications due to state office