

CLOVER CHATTER



January 2012

EXTENSION TO YOUTH AND 4-H



Joyce Coppess
Cedar County Extension
Office Manager and County Youth Coordinator
Office Phone — 5863-886-6157
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LAST CLOVERCHATTER BY MAIL

Since there were some 4H members who waited to do their 4-H enrollments—I have decided to do one more newsletter by mail. THIS IS THE LAST newsletter by mail.

If for some reason you cannot access the newsletter from the webpage or through 4hOnline—You can notify the office and we will make other arrangements for you to receive the Clover Chatter.

**Youth Development
Committee Members**

Loren Mohr—Chairperson
Michele Proesch—V Chair
Ann Mente—Secretary
Teri Baird
Brad Chapman
Tom Driscoll
Scott Herald
Ed Wehde
Deb Wennedt

Each 4-H family needs to have access to the newsletter as this is where you will find important information regarding your projects, meetings and workshops.

It is important to keep in touch with what is going on in the 4H program.

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



IOWA STATE UNIVERSITY
University Extension



WELCOME NEW 4-H MEMBERS

New members continue to be added to Cedar County 4-H. Several families are new to 4-H and might need some extra help to feel comfortable.

CENTER RING LEADERS

Blair Nebergall
 Britney Ford
 Eli Lindsay
 Emily Falkers
 Emma Thompson
 Erin Collins
 Grace Nichols
 Jesse Lieser
 Laura Web
 Melinda Collins
 Rebekka Berglund
 Sarah Webb
 Tiger Emrich
 Kael Jauron

CLARENCE JUNIOR H'S

Abigail Mackey

HARMONY HUSTLERS

Callie Meyer
 Owen Meyer
 Dalton Miller
 Travis Miller

INLAND 4-H

Madison Conrad
 Preston Wiese
 Blake Wilkens
 Jake Willkomm

LOWDEN LASERS

Mariah Behrens
 Tessa Roseke

NEW HORIZONS

Xzavior Brown

PORK CENTER PIONEERS

Brennen Kreele
 Cole Taylor
 James Garner
 Teresa Petsche

SPRINGDALE WILDCATS (continued)

Alex Miller
 Allison McMath
 Brady Edge
 Carl Heick
 Gracelyn Kerchner
 Levi Kleinmeyer
 Lily Kleinmeyer
 Marissa Dallege
 Kayla McMath
 R J Denneson
 Hannah Kerchner
 Jilliam McMath
 Matt Paulsen
 Mikayla Prusha
 Marlee Thurman

SUGAR CREEK CHALLENGERS

Allison Anderson
 Kamryn Chapman
 Madison Greazel
 Austin Mente
 Levi Mohr
 Brendan Nantz
 Alex Storjohann



NEW MEMBER NIGHT

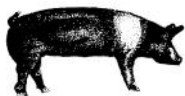
As a new member of the Cedar County 4-H program you are invited to attend a new member "Fun Night" at the Extension Office on January 29th. Members of the Cedar County Youth Council will sponsor the event and will share their 4-H experiences with new members. Youth Council members will furnish refreshments during the "Fun Event".

Look for your letter in the mail about the "Fun Night" for new members.



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. 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.



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.

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.

4-H INTERMEDIATE TRIP

Cedar County 4-H members in grades 7th—9th are invited to join youth from Jackson, Clinton, Dubuque, Delaware, Jones, and Muscatine on March 24th—March 25th for a bus trip to the Wisconsin Dells. The cost will be \$90 which will include two meals, overnight stay at the Chula Vista Water Park Resort, Cave of the Mounds tour, Pet Resort tour, water park access, snacks, team building activities and 4-H project ideas. Applications forms will be available shortly.

CCYC MEETING & YOUTH ENGAGEMENT

Cedar County Youth Committee members are inviting all County Council Members and those 4-H members identified by their 3-H Club Leaders or any other members who care to join us on Sunday February 5th starting at 6:30 pm for pizza and discussion.

One of the goals for Cedar County 4-H is to ensure we are hearing from our young people and meeting their needs. We will be using this time together not just to get to know each other better and have some fun, but to engage our 4-H members. We need your valuable feedback to “Make the Best Better” and to help us frame goals to grow and enhance Cedar County 4-H.

We ask all of our members to consider the following and be prepared to discuss the following. If you cannot attend feel free to express your comments to Joyce (coppess@iastate.edu), Lori (lmiller@iastate.edu) or Daleta (daletac@iastate.edu).

1. How has 4H made a difference in your life?
2. Have you gained any of the following from your 4-H experience, indicate which:
 - ⇒ Leadership skills
 - ⇒ Communication skills
 - ⇒ Knowledge or mastery of a project
 - ⇒ Learning how to be a good citizen
 - ⇒ Having fun
 - ⇒ Making friends
 - ⇒ Working well with adults
 - ⇒ Making your own decisions
3. Do you feel you get direction, help or information to assist you in your project area? If no, what project areas would you need more assistance with?
4. How do you think we can get more young people to be in 4H?
5. How can we get Senior 4-H members involved in program decision making?

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 (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)

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(4-H Member) (Guest Name)

Parents of 4-H member _____

4-H Parents Phone # _____ Emergency # _____

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Signature of 4-H Member

Date

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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

Tipton IA 52772

January 2012 — Mailed — Tipton Post Office



RETURN SERVICE REQUESTED



TO ALL CLUB LEADERS

Now would be a good time for you to go into 4hOnline and follow your club members to see the project areas they are enrolled in and look at who will be need to complete FSQA training or testing. You as a leader have access to information for all of your club members. Check it out — NOW.



**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

January

- 13 Market Beef Verification needs to completed
- 14 4H Day at ISU Women's Basketball game
- 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
- 10-11 State Volunteer Retreat—DMACC—Ankeny
- 25 Iowa 4-H Foundation Gala—Des Moines

March

- 1 Most 4-H Scholarship applications due to Ames
- 10 Derby Swine Weigh-in