

# IOWA STATE UNIVERSITY

## University Extension

Cedar County Extension  
107 Cedar Street  
Tipton IA 52772  
Phone – 563-886-6157  
Fax – 563-886-2356



## The Clover Chatter

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

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

January 2009

### 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 Ellerhoff*

Office Assistant/Bookkeeper

*Gaylene Gilbert*

4-H Expansion Coordinator

*Robert F. Owen*

Cedar and Muscatine County  
Extension Education Director

### 2008 Youth Development Committee

Sean Driscoll – Chair  
Loren Mohr—Vice Chair  
Linda Jacobsen—Sec.  
Teri Baird  
Bill Ciha  
Rick Fitzgerald  
Dave Frederick  
Richard Frauenholz  
Ann Mente  
Deb Mohr  
Michele Proesch  
Vicki Pruess

### 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 17th and 18th. The event will be held at the Tipton High School with check in between 8:00 p.m. and 9:00 p.m. on Saturday evening January 17th. At 9:00 p.m. the doors will be secured and will be opened again on Sunday morning from 6:00 a.m.—6:15 a.m. 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 9th** at 4:00 p.m.*

*For registrations received after January 9th 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 pizza which will be brought in during the event. Additional food and drink should not be brought to the event.*

*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 on file at the extension office. 4-H members will all need to have a permission slip to attend. Everyone must have a health form for the event.*

***The County Share the Fun** event will also be held during the lock in. It will be one of the first events to happen so be sure you and other club members are making plans for your club to participate. Those wanting to participate need to have their names into the Extension Office by Friday January 9th.*



## **MARKET BEEF INFORMATION**

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

## **ENROLLMENT FORMS**

If you are a returning 4-H member your 4-H enrollment form packet should have been in the Extension office by December 30th at 4:00 p.m.

## **SCHOLARSHIP NEWS**

The office will soon start receiving scholarship information. If you are interested in receiving information on these scholarships, please contact the office and have your name put on the mailing list. You can also check out the following website — <http://www.extension.iastate.edu/cedar>

## **2009 CEDAR COUNTY FAIR**



It is never too early to start thinking about the 2009 Cedar County Fair. The fair dates will be July 8—12 with conference judging being held July 6.

The Youth committee will be looking over the rules and classes for the 2009 fair. If you have something you would like the committee to look at, please contact the office and let Joyce know.

If you have feedback or suggestions for judges for the 2009 fair, also contact Joyce at 563-886-6157.



## **FSQA CERTIFICATION**

Again for 2008—2009 4-H year, all youth exhibiting beef, breeding beef, bucket bottle calf, return 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 a 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 one year.

The dates for the 2009 FSQA certification will be held on Tuesday—March 10, Monday—March 30, Thursday—April 16. All of the sessions will start at 6:30 p.m. and will be held at the Extension office.

If you are eligible to take the test, we have scheduled March 12 and April 27 at the Extension Office. The times will be 5:00 p.m.—7:00 p.m.

## **COMMUNITY SERVICE PROJECT**

By: *Center Ring Leaders*

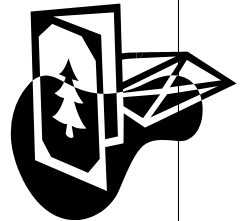
**WHAT:** *Recycle your Christmas cards or other greeting cards.*

**WHEN:** *Cards will be collected starting now and go until January 5th.*

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

**HOW:** *The recycling center is able to use the entire card, there is no need to remove the back of the card.*

**WHY:** *The cards will be recycled and used for art projects at Camp Courageous.*



## STATE VOLUNTEER RETREAT GROWING GREEN!

“**Growing Green**” is the theme for the 2009 State Volunteer Retreat scheduled for Friday, February 6, and Saturday, February 7, centrally located at the DMACC facility in Ankeny. **\*\*Note the change to the Ankeny facility\*\***

The retreat will bring 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, February 7.

A wide variety of workshop sessions will meet the needs of both new and experienced volunteers, staff, and 4-H members. The registration cost is \$25 and includes lunch and snacks.

Registrations are available on line at

<http://www.extension.iastate.edu/4H/volretreat.htm>

## JUNIOR CAMP

Junior Camp for 2009 will be held on the weekend of June 12—14th. Note that this will be on a Friday, Saturday and Sunday instead of during the week. Registration forms will be sent out to all who are eligible to attend camp.



## COUNSELORS FOR JUNIOR CAMP



We will be needing counselors for the Junior Camp which will be held June 12—14th. Counselor registration forms will be sent out to all who are eligible

## CLOVER KIDS LEADERS NEEDED

Clover Kids is a 4-H program for kindergarten through third grade youth. Our goal is to establish a Clover Kids group in each community in Cedar County. The Clover Kids groups meetings can be held at libraries or community buildings or can be scheduled in a different room during a 4-H club meeting. Kits of 4-H Clover Kids activities will be available; workshops to review the kits will be held in early January. Call Joyce if you or someone you know would like to be a Clover Kids leader.

## FSA — YOUTH LOANS

The Farm service Agency has a youth program available to members of 4-H and FFA. Livestock purchases are one of the popular uses of youth loans, but not the only one. Youth loans can be used for crops, lawn and garden, repair shops and roadside stands. FSQ would be interested in listening to other ideas as well. Eligible applicants must be between 10 and 20 years of age and a citizen of the United States. The project must be a modest sized, income producing one that the applicant is capable of planning, managing and operating.

If you are interested in learning more about youth loans, contact, Jeff, Pam or Kris at the FSA office in Tipton. They can be reached by phone at 563-886-6061—ext 2.

## 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'ers in grades 9—12 can apply for project recognition, to be a member of 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 2. Interviews will be held on Sunday, February 22 at the Muscatine Extension Office.

Dates for 2009 will soon be updated but the information that is available is good.

Applications\ materials can be found on-line at :  
<http://www.extension.iastate.edu/4-H/recognition.htm>.

**JANUARY 17 & 18, 2009 — 4-H LOCK-IN REGISTRATION FORM for 4-H MEMBER**

I \_\_\_\_\_ am attending the 2009 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.
- ⇒ Early Registration \$15 by January 9th — after that the fee will be \$20

\_\_\_\_\_  
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 17 & 18, 2009 — 4-H LOCK-IN REGISTRATION FORM for GUEST**

I \_\_\_\_\_ am attending the 2009 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.
- ⇒ Early Registration \$15 by January 9th — after that the fee will be \$20

\_\_\_\_\_  
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 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	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)



# 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

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
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**

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**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**

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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 17 & 18, 2009 — 4-H LOCK-IN REGISTRATION FORM for 4-H MEMBER**

I \_\_\_\_\_ am attending the 2009 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.
- ⇒ Early Registration \$15 by January 9th — after that the fee will be \$20

\_\_\_\_\_  
 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 17 & 18, 2009 — 4-H LOCK-IN REGISTRATION FORM for GUEST**

I \_\_\_\_\_ am attending the 2009 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.
- ⇒ Early Registration \$15 by January 9th — after that the fee will be \$20

\_\_\_\_\_  
 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**

### CALENDAR OF EVENTS

#### January

- 1 Holiday—Office closed
- 4 County Council Meeting—7:00 p.m.
- 7 Youth Committee Meeting—7:00 p.m.
- 9 Share the fun entries due
- 9 Early lock in registration due—\$15
- 17 County Wide Lock In check in
- 17 Share the Fun at Lock In
- 17 County Wide Lock in pick up
- 19 Holiday—Office closed
- 25 New Member Night

#### February

- 6-7 State Volunteer Retreat

#### March

- 10 FSQA Session
- 12 FSQA Testing
- 14 Derby Swine Weigh In
- 30 FSQA Session

#### April

- 16 FSQA Session
- 27 FSQA Testing
- 29 State Fair Swine Weigh In

#### May

- 2 Market Lamb and Meat Goat Weigh In
- 15 All Livestock ID forms due
- 15 Last day to add or delete projects
- 15 Last day to enroll in 4-H
- 15 Last day for FSQA to be completed
- 15 Last day for Code of Ethics into office
- 15 Counselor applications for Junior Camp
- 15 Junior Camp registrations due

#### June

- 8 Fair Entry process in Extension Office
- 12-14 Junior Camp
- 15 Last day for fair entry without late fee
- 15 Last day for club presentations by members to be eligible for county fair
- 15 Last day to request early release from fair



# HAPPY HOLIDAYS



RETURN SERVICE REQUESTED

Mailed — Tipton Post Office

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

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