CODE OF RESPONSIBILITIES

You make Iowa 4-H Youth Conference and Animal Science Round-Up a success. The following code outlines your responsibilities.

I will...

♦ follow the policies, regulations, and requests of my host, Iowa State University, and the Ames Community.

IF ISU security must enforce policies, their penalty procedure supersedes those set by conference.

♦ leave room, lounges, halls, and dining areas clean and neat.
♦ cause no damage to university or private property.
♦ not consume or possess alcoholic beverages, tobacco products, or illegal drugs.
♦ not possess any fireworks or explosives.
♦ not remove screens from residence hall windows. If removed, I will be billed at least a $50 fine (no warnings).

♦ attend all sessions and activities on time and in appropriate attire - no inappropriate imprints, bare midriffs, low-cut tops, no backless shirts, cut-offs, short shorts, or muscle shirts at any time. Spaghetti straps are acceptable as long as undergarment is not seen. Dresses and shorts should be long enough so everything is covered. Clothing is under the discretion of State Council members, Iowa 4-H Youth conference staff and chaperones. But if you have to ask if it’s appropriate, then it probably isn’t. You may be excused from the conference if you do not obey these guidelines.

♦ treat other delegates, state council members, chaperones, session leaders, and ISU staff with respect and attention. There will be ZERO TOLERANCE for bullying and harassment of others.

♦ enter only residence halls used by conference delegates.

♦ respect members of the opposite sex by not going onto their residence hall floors.

♦ only be in the one designated lounge area of a dorm of the opposite sex during conference.

♦ wear my name tag around my neck and meal band on wrist at all times (including dances).

♦ wear no hats indoors.

♦ stay on my dorm floor between lights out and 5:30 a.m.

♦ not order delivery food to arrive after 12 midnight.

♦ observe pedestrian traffic regulations; stay on sidewalks and walkways and cooperate with chaperones working to ensure safe crossing of street.

♦ not leave campus unless required by a scheduled conference activity.

♦ not drive a motorized vehicle during conference.

♦ assume legal and financial responsibility for traffic/parking tickets received.

♦ turn off or put my cell phone on SILENT during conference activities (or they may be taken).

♦ represent myself, my county, and state in a positive manner and be appropriate during sessions and workshops.

By not following the above Code, I will...

♦ be given a warning depending on the severity of the offense or unless offense is immediately handled by ISU security or residence staff.

♦ be sent back to change.

♦ be restricted to Conference Headquarters during a recreation or dance event.

♦ have my parents contacted and possibly be sent home depending on the severity of the offense.

The discipline review committee will be composed of members of the State 4-H Council, ISU Extension and Outreach 4-H Youth Development staff, and chaperones. This committee has the responsibility for the safety of the total conference delegation. They have the right and responsibility to contact parents of delegates when appropriate. All Iowa laws that affect minors will be enforced, and delegates may be sent home if the committee determines it to be the most appropriate action.

Thank you for making this Conference a success.

Your State 4-H Council and State 4-H Youth Staff

Delegate’s signature ______________________ Date ______________________

Parent’s or Guardian’s signature _____________________________________________

PLEASE TURN OVER FOR REGISTRATION PAGE
REGISTRATION Worksheet for 2018 4-H YOUTH CONFERENCE AND ROUND-UP — Submit on-line at: http://www.extension.iastate.edu/4h/iowa4hyouthconference or return to: Registration Services, 1601 Golden Aspen Dr Ste 110, Ames IA 50010

REGISTRATION due at your County Extension and Outreach Office by May ____

ALL PARTICIPANTS:  
Check one box (required)  
☐ Conference (see Box A)  
☐ Round-Up (see Box B)

PARTICIPANTS:  
If applicable, mark squares below:  
☐ 2017-18 State Council  
☐ 2018-19 State Council  
☐ Chaperone for (select one):  
   ☐ Conference  
   ☐ Round-Up

A CONFERENCE DELEGATES  
Workshop (list preferences)  
Tuesday  1st T-____  
2nd T-____  
3rd T-____  
Wednesday  1st W-____  
2nd W-____  
3rd W-____  
Thursday  1st R-____  
2nd R-____  
3rd R-____  

Community Service  
List any conditions that would limit your participation in an indoor or outdoor activity:  
____________________________________________________

B ROUNDUP DELEGATE  
Check species for which you were selected as a Delegate:  
☐ Beef  ☐ Horse  ☐ Meat Goat  
☐ Poultry  ☐ Sheep  ☐ Swine  

2016 Youth delegates were selected by an online application process.

Conference, Round-Up fee $180.00  
Late Fee, After June 1: Add $20.00  

Conference T-shirt Size:  ____Sm  ____Med  ____Lge  ____XL  
   ____XXL  ____XXXL  

Financial Aid: Subtract  
TOTAL ENCLOSED  

(Cancellations postmarked before June 10 receive half refund.  
No registrations or cancellation refund will be accepted after June 10, 2018.)

MAKE CHECKS PAYABLE TO COUNTY.  
Financial assistance is available. Ask your County Extension and Outreach Office for the form and return it to the County Extension and Outreach Office by:

FOR COUNTY USE ONLY:  
COUNTY # _________ REGION _________ AREA _________
# Iowa 4-H Medical Information/Parental Permission Agreement Form
## Iowa 4-H Youth Conference

### PARTICIPANT INFORMATION
- **Participant’s Name**
- **Permanent Address**
- **City, State, Zip**
- **Date of Birth**
- **Gender**
- **Home Phone**

### MEDICAL EMERGENCY CONTACT INFORMATION
- **Person to Contact First**
  - **Name**
  - **Relation to Participant**
  - **Daytime Phone**
  - **Evening Phone**
  - **Name of Family Doctor**
  - **Name of Dentist**
- **Backup Contact (Relative or Friend)**
  - **Name**
  - **Relation to Participant**
  - **Daytime Phone**
  - **Evening Phone**
  - **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? *(Check 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: *(Check 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.)*

Do they have any activity restrictions?  
- [ ] Yes *(list)_
- [ ] No

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

*(over)*
TO BE READ AND SIGNED BY PARTICIPANT AND PARENT OR GUARDIAN

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT
I support the Code of Responsibilities for participants of the Iowa 4-H Youth Conference, Animal Science ROUNDUP, and CSI: Crops. The youth named has read and signed the statement, and we understand this is designed for participants' safety and thus, there may be consequences if policies are not followed.

MEDICAL EMERGENCY PARENTAL PERMISSION
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.

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 first aid 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 the delegate requires special health care while at Conference, please provide a statement from your attending physician listing the special needs. A nurse is on site 24 hours a day during the Conference.

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 signature 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 authorized adult supervisor.

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)
I give permission for my child to participate in the 4-H event/activity. I understand that 4-H 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 in the Iowa 4-H Youth Conference 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 Outreach 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

Parent or Guardian Signature

Date

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

SEND TO:
ISU Registration Services
1601 Golden Aspen Dr Ste 110
Ames IA 50010

or FAX TO: 515/294-6223