I can’t believe it is December already! Where did the fall go? I have no doubt that this month will pass quickly too, so if you haven’t taken the time to re-enroll on 4hOnline yet—do it now! The deadline for re-enrollment is December 30. But don’t wait until the last minute. The sooner you re-enroll, the sooner you’ll start getting any emails specific to your project areas. And you’ll avoid the panic of any last minute problems that may pop up! If you run into any trouble or have any questions, please contact us at the Extension Office and we’ll help you out.

Please note the upcoming Market Beef Weigh-In, Cooking Up Science Workshops, and County Lock-In. Details for each of these events and much more can be found within this issue of the Clover Chatter.

Act quickly if you still want to order a new Cedar County Spirit Shirt or car window sticker—orders are due to the office December 1st!
HAVE YOU ENROLLED YET?

Enrollment for the 2014-2015 4-H year is underway and the absolute last day for returning members to re-enroll is December 30, 2014! Please don’t wait until the last minute to complete this. Failure to complete enrollment by this date will make you ineligible to exhibit at the county fair for 2015. The website is http://iowa.4honline.com and please don’t hesitate to contact me with any questions.

⇒ Make sure that you have a current email address entered in 4hOnline.

⇒ If you find that the password will not work—you can ask for a new one. Remember the new one will be a series of letters and numbers. It will work best to copy and paste it into the place for your email. Once you do this you will have an opportunity to change the password to something that is easier for you to remember.

⇒ If you have problems with using 4hOnline for this process, please contact the office and we can help walk you through the process.

⇒ We will continue to use 4hOnline for all of our livestock identification—both those that go through the weigh-in process and those that you identify yourself.

MARKET BEEF WEIGH-IN

The 2015 fair season Market Beef weigh-in has been scheduled for Saturday, December 20th from 8:30 am-Noon. This will be held at the Cedar County Fairgrounds in Tipton.

Cedar County Fair animals will be weighed and ear tagged. This also includes returning bucket bottle calves if they plan to show in a market class at the 2015 Cedar County Fair. There is a $2.00 ear tag charge for these animals.

State Fair animals will be ear tagged, weighed and retinal imaged. Retinal imaging takes a photo of the inside of the animal’s eye. There is a $7.00 charge per animal nominated for the Iowa State Fair.

Ak-Sar-Ben animals will be weighed, ear tagged and a DNA sample taken. There is a $7.00 charge per animal nominated for Ak-Sar-Ben.

If your animal will be shown in a breed class, you must bring all of your breed information with you to the weigh-in. This includes the tattoo number (which must already be in the ear), the sire name, and the sire registration number. This information is required even if you do not have the registration papers. If you purchased your animal, the person you purchased from should be able to furnish you with this information.

If you weigh in a market heifer, you have until May 15 to switch it to a breeding heifer; however, the same animal cannot be identified as both a market animal and a breeding animal. You will need to make that decision by May 15th.

LOOKING FOR MEMORABILIA

The CCYC is looking for Cedar County 4-H memorabilia and items from prior to the 1950’s to display at the fair. They are challenging all the 4-H clubs—which club can find and bring in the most items by noon on December 30, 2014. These items will be displayed at the 2015 Cedar County Fair. If you or someone you know has something they’d like to display, please bring them to the Extension Office.

CEDAR COUNTY FAIR

JULY 8—12, 2015

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 State University Extension Programs are available to all without regard to race, color, national origin, religion, sex, age, or disability
COUNTY WIDE LOCK-IN

The Cedar County Youth Council will be sponsoring a lock-in on January 17-18 at the Tipton High School. All 4-H members (must have the 4hOnline enrollment process completed) are invited to attend and are allowed to bring one guest.

All attendees need to complete the attached permission form. In addition to the permission form, guests will need to complete the Medical Information/Release form.

The cost of the event is $20 per person if you have your forms and money turned in to the Extension Office by January 15, 2015 at 4pm. After that and at the door, the cost will be $25 per person. All forms must be completed and turned in before admittance to the event.

Check in time for the lock-in will be 8:30-9:00pm. If you plan to attend and will arrive after this time, please notify the office so we can make arrangements for this. Pick up time will be on Sunday morning from 7:00-7:15am. Food and beverage will be provided during the lock-in so youth should not bring food into the event.

SHARE THE FUN

Share the Fun will be held during the Cedar County Lock-In on January 17th. All clubs are encouraged to participate in the Share The Fun event. We are not going to ask for pre-registration for this—just come to the lock-in and be ready to participate at the beginning of the evening.

If you have questions about being part of a Share the Fun event please contact the office. Winners will have an opportunity to do their Share the Fun at the Iowa State Fair.

COOKING UP SCIENCE

All youth 4th grade and up are invited to come experiment with food science and participate in some community service! Workshops will be held December 29 in Tipton and January 2 in West Branch from 9am-4pm. Cost is $5 for members and $10 for non-members and space is limited to 20 per session. Check out our website for a registration form. We plan to host this workshop in other areas throughout the county over Spring Break!

NEW VOLUNTEER TRAINING

New 4-H club leaders are required to attend a new volunteer training within the first 12 months of being screened and approved as a 4-H volunteer. This training is designed for new 4-H volunteers committing to a long-term experience working with the 4-H youth as club, project, or Clover Kids—both leaders and assistants.

The six hour training is designed to give new volunteers a better working knowledge of positive youth development, the Iowa 4-H Equation, and tools that will help them be more confident and capable in their roles working with youth. Volunteers who attend receive a notebook of positive youth development resources and information.

Dates for trainings in our area are listed below. For more information, contact the Extension Office or go to http://www.extension.iastate.edu/4h/volunteertraining

- December 6th in Muscatine, 9am—3:30pm
- January 17th in Monticello, 9am—3:30pm

CEDAR COUNTY FAIR

JULY 8—12, 2015
2014—2015 LEADER ANNUAL TRAINING: THE HEART OF BELONGING

Leaders, mark your calendar for January 20th, 6:30-8:00. The Heart of Belonging! is an interactive, hands-on training that will help volunteers create a fun, safe, inclusive environment for all youth. “Belonging” is identified as a basic 4-H youth need and supportive, caring adults guide youth in creating an environment that is welcoming and engaging for all.

During this training, 4-H leaders will learn how to guide youth in developing a list of club or group expectations that welcomes and accommodates all youth, will learn how to support youth with special needs, and discover resources to help them in their role as caring adults. In addition, volunteers will learn new activities to take back to their clubs to foster positive behavior and belonging.

STATE 4-H RECOGNITION

Attention high school 4-H members! There are several state recognition opportunities available for you to apply for. These include: college scholarships, National 4-H Conference, Nation 4-H Congress, State 4-H Council, and State Project Awards. The applications will all need to be done online and due February 1st. The website is set to be updated with 2015 opportunities the first part of December. Check it out! http://www.extension.iastate.edu/4h/page/recognition-opportunities

LIKE OUR FACEBOOK PAGE

A Cedar County 4-H Facebook Page has been launched! Find, like, & share us at: http://www.facebook.com/CedarCounty4H

FSQA Testing

FSQA testing will be offered after January 1st. If you pass the test you will not need to attend any of the training sessions. You can schedule a time to come into the office to take the test or you can attend one of the scheduled testing times (February 11, 4-6pm or March 12, 4-6pm). All youth in grades 7-9 can take the intermediate test, which is good until you reach 10th grade. All youth in grades 10-12 can take the senior test which is good until you are 19.

CEDAR COUNTY 4-H ENDOWMENT

The Cedar County Extension Council is now accepting requests by 4-H members, clubs, and county groups for grants from the Cedar County 4-H Endowment fund. The funding request form can be found on our website and they are due by the 3rd Wednesday of February, May, August and November to the Extension Office. Examples of requests could be (but are not limited to): funding for a club project for the community or funds to assist attending National Convention. There is a maximum of $200 per request. A committee will review all requests and council will select and approve which requests to grant. Also, if you or someone you know would like to donate to the 4-H Endowment Fund please contact the office.

A NOTE OF THANKS...

A big thank you to Joyce Coppess, Bobbie Lieser, Elizabeth & Andy Shumaker, Amy Glick, and Center Ring Leaders—Grady Glick, Abbi Shumaker, Cody Bohlmann, Eli & Finn Lindsay, and Jesse & Kelley Lieser for all of the help with preparation for our most recent SPARK program. Collectively we counted and bagged 27,000 toothpicks and 13,500 marshmallows which kids in grades K-4 then used to build skyscrapers.

OUR VISION

A WORLD IN WHICH YOUTH AND ADULTS LEARN, GROW, AND WORK TOGETHER AS CATALYSTS FOR POSITIVE CHANGE
Calling all 4-H Members, Families, Volunteers and Supporters. Eastern Iowa is hosting the Iowa 4-H Foundation GALA Saturday Feb. 28th at the Marriott Hotel in Cedar Rapids. Cedar County 4-H has the potential to benefit from the proceeds. 4-H members can donate an item/4-H project, for the silent auction. 50% of the proceeds will go back to their club or county endowment determined by the 4-H member. You can buy a ticket or find friends and be a table sponsor! Anyone can volunteer to help the night of the event, they need volunteers to help set up the silent auction, registration and the dessert auction. For more information www.iowa4hfoundation.org/gala. Note, if offering as a sponsor for a Table, Print, Clover, Hospitality, Event or as Presenting sponsor, your county may be eligible for a percentage of the proceeds.

**4-H REGISTRATION FEE**
The Iowa 4-H program will continue with a membership fee of $30 for the 2014-2015 year. The Cedar County Extension Council will continue to pay half of the state fee ($15) with the remainder coming from the club.

Clubs will need to make the decision as to how they will handle the remaining $15 per member—either through the club paying the $15, the club paying a portion of the fee, or asking members for the entire $15.

Do you need help understanding and making a smart choice about health insurance? Make plans to participate in a free online educational workshop on December 10, 6-8pm. Here’s the link to the flyer which has more information on the program.

http://www.extension.iastate.edu/cedar/news/understand-make-smart-choice-about-health-insurance

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**CCYC Members**

<table>
<thead>
<tr>
<th>Kari Barker</th>
<th>Brad Chapman</th>
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<tbody>
<tr>
<td>Jurgen Ehler</td>
<td>Mike Fitzgerald</td>
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<tr>
<td>Amy Glick</td>
<td>Scot Harold</td>
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<tr>
<td>Linda Jacobsen</td>
<td>Ann Mente</td>
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<tr>
<td>Lisa Rock</td>
<td>Deb Wenndt</td>
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**DATES FOR YOUR CALENDAR**

**December**

10  Tipton Clover Kids
20  Market Beef Weigh-In, Cedar County Fair grounds
24  At noon the office will be closed for the Christmas Holiday
25  Office closed for Christmas Holiday
26  Office closed for Christmas Holiday
29  Cooking Up Science, Tipton 9am-4pm
30  Last day for returning members to enroll in 4hOnline and be eligible for 2015 fair
31  At Noon the office will be closed for the New Year’s Holiday

**January**

1  Office closed for the New Year’s Holiday
2  Cooking Up Science, West Branch 9am-4pm
14  Tipton Clover Kids
17-18  Lock-In and Share the Fun, Tipton
20  Annual Leader Training, Ext. Office 6:30-8pm

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**THE 4-H COLORS**

The official colors of 4-H are green and white. Green is nature’s most common color and stands for springtime, life, youth, and growth. White symbolizes purity and high ideals.

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Iowa State University Extension Programs are available to all without regard to race, color, national origin, religion, sex, age, or disability
### JANUARY 17 & 18, 2015 4-H LOCK-IN PERMISSION FORM for 4-H MEMBER to complete

I ____________________________ am attending the 2015 Lock In and My guest will be ____________________________

(4-H Member) (must be 4th grade or above) (Guest Name)

Parents of 4-H member _______________________________ 4-H Parents Phone # __________________________

Emergency # ______________________________ Who will pick youth up _________________________________

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, electronic devices or 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 2015 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 17 & 18, 2015 4-H LOCK-IN PERMISSION FORM for GUEST to complete

I ____________________________ am attending the 2015 Lock In and My guest will be ____________________________

(must be 4th grade or above) (4-H Member Name)

Parents of 4-H member _______________________________ 4-H Parents Phone # __________________________

Emergency # ______________________________ Who will pick youth up _________________________________

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, electronic devices or 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 2015 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  
(For all Non 4-H Club Members)

PARTICIPANT INFORMATION

Participant’s Name __________________________________________
Permanent Address _________________________ Date of Birth ________________ Gender _______
City, State, Zip _____________________________ Home Phone _____________________________

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First Name ____________________________ Backup Contact (Relative or Friend) Name ____________________________
Relation to Participant ________________________ Relation to Participant ______________________
Daytime Phone ______________________________ Evening Phone ____________________________
Daytime 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)
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 under-

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.)

__________________________ parent signature

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. __________________________ parent signature

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. __________________________ parent signature

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