Welcome to the New Year! 2015 is off to a frigid start. If you are like me you might be looking for any excuse to stay inside. Why not stay indoors and take some time to think about and make plans for your 4-H projects? Maybe you want to build upon a previous project and past experience. Maybe you want to try your hand at something completely new. Whatever your interests are—it is never too early to get started. The ISU Extension and Outreach 4-H website has some great information on each project area, just click the “4-H Projects” heading (http://www.extension.iastate.edu/4h/page/join-4-h). There are Hot Sheets and lots of ideas under each project area, be sure to take some time to explore the website on any area that interests you! And if your areas of interest take you outdoors—bundle up and stay safe!

As always, if you have any questions don’t hesitate to reach out to me. I’ll be happy to help you find the information that you are looking for!
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.

VERIFY YOUR MARKET BEEF
Thank you to all who helped with and attended the Market Beef Weigh-In. All of the information from the weigh-in has been entered into 4hOnline. Now is the time for members to log in to their accounts and verify that the information entered for their animals is accurate. Here is a link to the help sheet if you need instructions on verifying your animal:
http://www.extension.iastate.edu/4hfiles/EnrollmentDocs/LivestockVerificationForFamilies.pdf. If any changes need to be made DO NOT click verify! Instead please contact me at the office (563-886-6157 or tbohlman@iastate.edu) and let me know what needs to be updated by January 23.

Copies of your ID form, county bred and raised and return bucket bottle information have been mailed to those who weighed-in along with a drug affidavit form for each animal. Please record anything given to your animal on that form and bring it with you to the check in at the county fair.

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, National 4-H Congress, State 4-H Council, and State Project Awards. The applications will all need to be done online and due February 1st. Check it out! http://www.extension.iastate.edu/4h/page/recognition-opportunities

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
POULTRY & RABBIT
FSQA

Do you plan to have a rabbit or poultry project this year? Then you are encouraged to attend our Poultry & Rabbit FSQA workshop on Saturday, January 31, 1-3pm at the Extension Office. Project area superintendents Lisa Jensen and Lynne Rechterman will be presenting information on Healthy Production Practices and Proper Care and Handling. If you have a rabbit or poultry project, this workshop will fulfill your FSQA certification for one year. Call the office to reserve your seat!

FSQA Testing

FSQA testing for intermediates and seniors 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.

EASTERN IOWA 4-H PROJECT WORKSHOP

Mark your calendars now for the first ever Eastern Iowa 4-H Project Workshop on April 25, 2015 from 9am-2:30pm at North Scott High School. All junior and intermediate 4-H members, parents, and 4-H volunteers are invited to attend. Prepare to be inspired and explore all 4-H has to offer. You will hear from John Robinson, nationally renowned inspirational speaker on how to take advantage of all you can, how to be a leader, a contributing citizen and see the value we all hold inside ourselves (www.ourability.com). Explore project areas in Healthy Living, STEM, Arts/Communications, and Leadership/Citizenship. Meet other 4-Hers from around the state and make new friends. Adults can network, share and learn about 4-H resources. Watch for more information and registration details to follow!

BEEF FSQA AND WORKSHOP OPPORTUNITIES IN IOWA

There are two opportunities on January 24th to attend beef workshops and complete your FSQA certification requirement for one year.

2015 Northwest Iowa Beef Bonanza, 10am-4pm on the ILCC Campus in Emmetsburg

2015 North Central Iowa Youth Beef Conference, 9:30am-2:30pm at the Ellsworth Agriculture and Renewable Energy Center in Iowa Falls

Please contact the office for more information or a registration flyer. Registrations are due January 15 and 16 respectively.

RESOURCES FOR CLUB OFFICERS

Are you a new officer in your club and looking for a little guidance on your role? Each club is a little different, so your first step should be to reach out to your club leader for general duties and roles. Another good resource are these short videos on the Ohio State University Ext. & Outreach website:

http://www.ohio4h.org/4-h-youth/club-members/officer-resources

CEDAR COUNTY FAIR

JULY 8—12, 2015

THE 4-H MOTTO
TO MAKE THE BEST BETTER

Iowa State University Extension Programs are available to all without regard to race, color, national origin, religion, sex, age, or disability
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

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

2014-15 LEADER ANNUAL TRAINING: THE HEART OF BELONGING

Leaders, mark your calendar for January 20th, 6:30-8:30. 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.

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.

CEDAR COUNTY FAIR

JULY 8—12, 2015

Iowa State University Extension Programs are available to all without regard to race, color, national origin, religion, sex, age, or disability
COMMUNITY SERVICE
The Center Ring Leaders are again collecting Christmas and Greeting cards to be recycled and used for art projects at Camp Courageous. Please drop off cards to the Extension Office anytime up until February 2, 2015. They are able to use the entire card for this project, no need to remove the back of the card.

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

COOKING UP SCIENCE
A huge thank you to the volunteers who assisted with all of my Cooking Up Science Food Science workshops over the winter break. Bobbie Lieser, Amy Glick, Alicia Harper, Carolyn Harold and Jeni Schiele all deserve a big round of applause for helping to make these three workshops a success! In total 37 youth from around Cedar County participated in this round of workshops. Watch the calendar for more opportunities in different locations this spring!

DATES FOR YOUR CALENDAR
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
19 Office closed for Martin Luther King Day
20 Annual Leader Training, Ext. Office 6:30-8pm
31 Poultry and Rabbit FSQA, Ext. Office 1-3pm

CEDAR COUNTY FAIR
JULY 8—12, 2015

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.
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)

(Guest Name, must be 4th grade or above)

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 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 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 will be a guest of ____________________________

(Guest Name, must be 4th grade or above)

(4-H Member Name)

Parents of Guest attending ____________________________ Guest 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 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 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 ALSO HAVE 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 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 med-
ication, 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 and 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 Extension Office regarding a legal waiver in order to attend and participate.)

_____________________________ PARENT INITIAL AND 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. ___________________ PARENT INITIAL AND 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.

_____________________________ PARENT INITIAL AND 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. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H 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 SIGNATURE and DATE

MUST BE SIGNED BY THE PARENT OR GUARDIAN FOR THIS EVENT