Kindergarten-3rd graders are invited to participate in Cerro Gordo County’s Clover Kids Program! Clover Kids is a program designed to explore science, technology, healthy living, citizenship, leadership, communication, and arts. Participants will strengthen motor skills through a variety of experiments and crafts. This program is for pre-4-H age youth to DISCOVER 4-H!

We are offering the same session twice a month. Please check one for each month you would like to attend! 😊

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<th>January 14</th>
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<th>January 15</th>
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<td>February 4</td>
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<td>March 4</td>
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6:00 pm-7:30 pm
4-H Learning Center
Located at the North Iowa Events Center
3700 4th St. SW Mason City
Kindergarten – 3rd graders
Cost: $5 each month

Complete the form and mail it or drop it off at the Extension Office two business days before each session.

Forms can be sent to:
Cerro Gordo County Extension
601 S Illinois Ave. Mason City, IA 50401

Ethnicity (circle one) White  Black  Hispanic  Asian  American Indian/Alaskan

Where you live (circle one) Farm  Acreage  Town

School: ____________________________

EMERGENCY CONTACT INFORMATION

First Contact Name: ____________________________
Relation to Participant: ____________________________
Daytime Phone: ____________________________
Cell Phone: ____________________________

Backup Contact Name: ____________________________
Relation to Participant: ____________________________
Daytime Phone: ____________________________
Cell Phone: ____________________________

Name of Family Doctor: ____________________________
Doctor Office Number: ____________________________

My child has permission to be picked up by:
__________________________________________
__________________________________________
__________________________________________

Please completely fill out this form on both sides.

Questions?
Contact Michelle Schubert
mschub@iastate.edu
Extension Office 641-423-0844.

Adapted from the original text with additional formatting and layout adjustments for clarity.
HEALTH INFORMATION (Please Print)  □ None – N/A
Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- Asthma
- Bronchitis
- Diabetes
- Ear Infections
- Convulsions/seizure
- Hay Fever
- Migraine headaches
- Heart or cardio-vascular problems/disease
- Fainting Spells
- Other condition(s): ___________________________

Allergies or reactions: (Check all that apply.)  □ None – N/A

- Aspirin
- Penicillin
- Insect bites or stings
- Dairy
- Gluten
- Ivy/oak/sumac toxins
- Peanuts
- Other (list) ___________________________

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT
It is important to follow the directions of the adult 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 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 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 the 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 adult leader. __________ initial __________ date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)
I give permission for my child to participate in the 4-H program. I understand that 4-H projects/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 or Guardian Signature ___________________________ Date ___________________________

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