



4-H SPARKS ADVENTURE



CERRO GORDO COUNTY 2019 SUMMER DAY CAMP GUIDE FOR GRADES K-3

For more information on programs
please contact
Cerro Gordo County Extension
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Mason City, IA 50401
641-423-0844
mschub@iastate.edu or
kdwarner@iastate.edu

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List of Events:

Scales and Tails!	Grades Completed: K-3 Cost: \$10	June 11, 9am-3pm Lime Creek Nature Center
Dig Those Dinos!	Grades Completed: K-3 Cost: \$10	June 26, 9am-3pm 4-H Learning Center (<i>located at the North Iowa Events Center, Mason City</i>)
Wing It!	Grades Completed: K-3 Cost: \$10	July 9, 9am-3pm 4-H Learning Center (<i>located at the North Iowa Events Center, Mason City</i>)
Clover Kids Craft Day	Grades Completed: K-3 Cost: \$10	July 10, 12:30pm-4:30pm 4-H Learning Center (<i>located at the North Iowa Events Center, Mason City</i>)

On the last page of this booklet is one registration sheet for the events. Only use one registration form per child you are registering.

Lunch will not be provided- please send the child with a sack lunch. An afternoon snack will be provided.



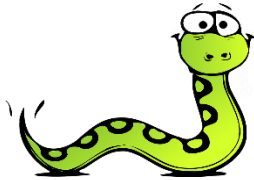
Scales and Tails

June 11 9am-3pm @ Lime Creek Nature Center

Grades Completed: K-3

Cost: \$10

Leaping lizards and slithering snakes! At *Scales and Tails* day camp our reptile and amphibian friends are coming to play! Learn all about their life cycles and what makes them each unique. We will even get to hear from experts at Lime Creek Nature Center. Enjoy some fun crafts and slimy snacks!



Registration form can be found on the last page.



Dig Those Dinos!

June 26 9am-3pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Grades Completed K-3

Cost: \$10

Dig Those Dinos day camp will bring us back in time to when dinosaurs roamed the earth millions of years ago. Enjoy dinosaur crafts and become a paleontologist. Learn all about when dinosaurs lived, what they ate, and discover the history of fossils!



Registration form can be found on the last page.



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Wing It!

July 9, 9am-3pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Grades Completed K-3

Cost: \$10

Birds of a feather stick together, so stick with us as we learn more about our feathered friends. What keeps birds flying instead of falling from the sky? Why do they have feathers instead of fur? Come find out the answers to these questions and more.



Registration form can be found on the last page.

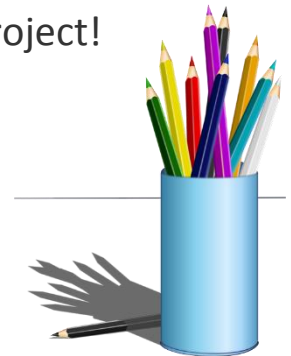
Clover Kids Craft Day!

July 10, 12:30-4:30pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Grades Completed: K-3

Cost: \$10

Participants will spend the afternoon creating crafts that can be displayed at the North Iowa Fair (if they chose to do so). Clover Kids will enjoy designing their own projects and will have the opportunity to speak with an adult about the projects that they made. They will also receive a 4-H ribbon for each project!



Registration form can be found on the last page.



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**CERRO GORDO COUNTY 4-H 2019
SUMMER DAY CAMP REGISTRATION FORM**

Please "check" which events you will be attending

Scales and Tales!	June 11 9am-3pm	\$10	_____
Dig Those Dinos!	June 26 9am-3pm	\$10	_____
Wing It!	July 9 9am-3pm	\$10	_____
Clover Kids Craft Day!	July 10 12:30pm-4:30pm	\$10	_____
Total Amount Enclosed:			

Child's Name: _____

Male: _____ Female: _____ School: _____

Grade Completed May 2019: _____

Parent's Name: _____

Address: _____

City: _____

Phone Number: _____

Parent's Signature: _____

Parent's E-Mail: _____

**Please note lunches will not be provided at day camp. Please bring a sack lunch. Afternoon snack will be provided.*

The fees for service will be used to offset direct expenses and to support the 4-H Youth Development County Extension Program."

Complete the form and mail it or drop it off at the Extension Office with the fees at least two days before the day camp.

Checks can be made payable 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

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 Will:

My child has permission to be picked up by:

Adult signatures will be required at pick up unless otherwise arranged with Michelle.

Please completely fill out this form on both sides.

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



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
- Diabetes
- Convulsions/seizure
- Migraine headaches
- Bronchitis
- Ear Infections
- Hay Fever
- Other condition(s): (Please list) _____
- Fainting Spells
- Heart or cardio-vascular problems/disease
- Chronic bone, muscle or joint injuries

Allergies or reactions: (Check all that apply.)

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

TO BE READ AND SIGNED BY PARTICIPANT AND PARENT

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

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 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 _____ to participate in the 4-H program. 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. 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)

