Clay County 4-H
2013 SpIn Event Sign-up Form

Name _______________________________ County ___________ Birthdate _______ Grade _____
Address _____________________________ Phone ___________________
Family _______________________________ 4-H Member? □ Yes □ No □ Want to Join
Email _______________________________ City __________________ State ________ Zip __________
Name of Parent(s) or Guardian(s) __________________________ Alternate Phone 1: __________________
Alternate Phone 2: __________________

All classes are subject to change. If your class has already met a capacity limit we will let you know and add you to a waiting list for that class. Please complete the back of this page; we will copy your emergency information to have on hand at each event.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>4-H Mem</th>
<th>Non Mem</th>
<th>Event</th>
<th>Date</th>
<th>4-H Mem</th>
<th>Non Mem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Horse</td>
<td>Jan 13+</td>
<td>□ $0</td>
<td>N/A</td>
<td>Garbage Sale Pickers</td>
<td>May 4</td>
<td>□ $0</td>
<td>□ $0</td>
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<tr>
<td>Beef Showmanship</td>
<td>June 10</td>
<td>□ $0</td>
<td>□ $0</td>
<td>Communications Coaching</td>
<td>June 15</td>
<td>□ $0</td>
<td>□ N/A</td>
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<tr>
<td>Get Your Goat On</td>
<td>Mar 16</td>
<td>□ $0</td>
<td>□ $0</td>
<td>Comedy Improv</td>
<td>May+</td>
<td>□ $0</td>
<td>□ $15</td>
</tr>
<tr>
<td>Horse Practice</td>
<td>Summer</td>
<td>□ $0</td>
<td>N/A</td>
<td>How to Win Every Argument</td>
<td>May+</td>
<td>□ $0</td>
<td>□ $15</td>
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<tr>
<td>Canine Good Citizen</td>
<td>Feb 12+</td>
<td>□ $0</td>
<td>N/A</td>
<td>Filmmaking</td>
<td>Jul 24+</td>
<td>□ $0</td>
<td>N/A</td>
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<tr>
<td>Dog Obedience Practice</td>
<td>Summer</td>
<td>□ $0</td>
<td>N/A</td>
<td>Book Trailers</td>
<td>Jan 17+</td>
<td>□ $0</td>
<td>□ $0</td>
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<td>Bunny Basics</td>
<td>June 26</td>
<td>□ $0</td>
<td>N/A</td>
<td>Experience Medicine</td>
<td>Jun 10+</td>
<td>□ $0</td>
<td>□ $0</td>
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<td>Shake Your Feathers</td>
<td>Feb 16</td>
<td>□ $0</td>
<td>□ $0</td>
<td>Gear Tech 1</td>
<td>Jul 15+</td>
<td>□ $0</td>
<td>□ $50</td>
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<td>Tractor Safety</td>
<td>Mar 15+</td>
<td>□ $40</td>
<td>□ $40</td>
<td>Gear Tech 2</td>
<td>Jul 8+</td>
<td>□ $0</td>
<td>□ $50</td>
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<tr>
<td>Photography</td>
<td>Jun 19+</td>
<td>□ $0</td>
<td>□ $15</td>
<td>Vet Science Level___________</td>
<td>Jul 31+</td>
<td>□ $0</td>
<td>□ $30</td>
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<td>Bogenrief Glass Blowing</td>
<td>Apr 24</td>
<td>□ $0</td>
<td>□ $20</td>
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<td>Jewelry 101</td>
<td>Feb 21+</td>
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<td>□ $20</td>
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<td>Chad Elliot Music K-3</td>
<td>June 6</td>
<td>□ $0</td>
<td>□ $0</td>
<td>Other________________________</td>
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<tr>
<td>Entrepreneurship</td>
<td>Jul 8+</td>
<td>□ $0</td>
<td>□ $49</td>
<td>Other________________________</td>
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<tr>
<td>Aaron Eilerts Service</td>
<td>Feb 27</td>
<td>□ $0</td>
<td>□ $0</td>
<td>Other________________________</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Shooting Sports Practice</td>
<td>All Year</td>
<td>712-262-2264</td>
<td>N/A</td>
<td>Other________________________</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nature and Wildlife</td>
<td>Jun 13+</td>
<td>□ $0</td>
<td>□ $0</td>
<td>Other________________________</td>
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<td></td>
<td></td>
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<tr>
<td>Horticulture</td>
<td>Feb 9 +</td>
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<td>□ $20</td>
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<tr>
<td>Cooking with Chef Brian</td>
<td>June 24+</td>
<td>□ $0</td>
<td>□ $30</td>
<td>Other________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mentor Opportunities

- Scrapbook: Cassie McCreary □ N/A
- Paws for Reading: Everly Public Library □ N/A
- Swine: Greg Lear □ N/A
- Crops: Paul Kassel □ N/A
- Sheep: Neil Krummen □ N/A
- Sewing: Quilts on Grand □ N/A
- Broadcasting: KICD, SMU □ N/A

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

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MEDICAL EMERGENCY CONTACT INFORMATION

**Person to Contact First (besides parents listed on front)**
Name ____________________________
Relation to Participant ____________________________
Daytime Phone ____________________________
Cell Phone ____________________________

**Backup Contact (besides parents listed on front)**
Name ____________________________
Relation to Participant ____________________________
Daytime Phone ____________________________
Cell Phone ____________________________

**Name of Family Doctor** ____________________________
**Office Number** ____________________________

**Name of Dentist** ____________________________
**Office Number** ____________________________

HEALTH INFORMATION

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
- Hay Fever
- Migraine headaches
- Allergies or reactions: *(Check all that apply.)*
  - Aspirin
  - Penicillin
  - Peanut
  - Insect bites or stings
  - Ivy/oak/sumac toxins

Is your child currently on any prescribed or over-the-counter medication? (If so, please record the condition/ailment, name of medication, dosage, time of day, prescribing physician.) ____________________________

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

INSURANCE POLICY INFORMATION

I understand that ISU Extension purchases a primary accident insurance policy to cover ISU Extension Spin Event participants during authorized group events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits. ____________________________

TO BE READ AND SIGNED BY PARTICIPANT (Youth)—BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the Spin Event leader(s) at all times. I understand that as a Spin Event participant, I will help make the activity safe for everyone and will be respectful of everyone. 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 camp 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.

Parent Signature ____________________________ Date ____________________________

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 (other than those covered by an ISU Extension accident insurance plan). 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 Staff regarding a legal waiver in order to attend and participate.)*

_____________ initial _____________ date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension Program normally takes photographs, videos, 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 Spin Event 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 program leader.*

_____________ initial _____________ date

ISU EXTENSION SPIN EVENT ASSUMPTION OF RISK AND RELEASE OF LIABILITY *(Please read carefully.)*

I give permission for my child to participate in the ISU Extension Spin Event program. I understand that activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its Spin Event program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some activities including but not limited to: water activities and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the ISU Extension Spin Event 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 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 ____________________________