

# SESSION 2

# SUMMER EXPLORATIONS REGISTRATION

**Note: this form along with payment is required in order for registrations to be processed.**

**— Everyone MUST complete BOTH SIDES because of new virtual programming liability wording. —**

Name \_\_\_\_\_ County \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Family Email \_\_\_\_\_ Please check one:  
 Name of Parent(s) or Guardian(s) \_\_\_\_\_ 4-H Member  Non Member   
 Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Sign Up	Cost	Date	Virtual Workshops	Sign Up	Cost	Date	Face to face programs/tours
<input type="checkbox"/>	\$0	August 19	Wood Duck Tagging	<input type="checkbox"/>	\$0	August 4	The Buzz About Bees
<input type="checkbox"/>	\$0	Any date	Clover Kid Preview	<input type="checkbox"/>	\$5	August 11	After School Kids Club—Forensic Science
				<input type="checkbox"/>	\$5	August 12	Succulent Planters
				<input type="checkbox"/>	\$0	August 20	Jr FLL

### Registration/Permission Form:

My child, \_\_\_\_\_, has permission to attend the workshops selected above. My child and I agree that he/she will behave in an appropriate manner by following all rules of volunteers, staff, and facilities. I will notify the Hancock County Extension Office if we are unable to attend so someone else can fill my child's slot. I understand that a event may be cancelled if registrations minimums are not met.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. Please identify if your child has any behavior challenges and any tips in working through behaviors with your child.

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### Registration Fee Information:

All applicable fees should be paid to Hancock County Extension by the registration date. Scholarships are available by request to pay for registration costs.

Registration form and payment MUST be received at Hancock County Extension Office, 327 W. 8th Street, Garner, IA, 50438. Registrations are being accepted in the order they are received. Watch Facebook and our website for updates when workshops/tours are full.

**QUESTIONS? Call us at (641) 923-2856.**



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Extension and Outreach

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to [www.extension.iastate.edu/diversity/ext](http://www.extension.iastate.edu/diversity/ext).

We are planning and preparing for the start of the new 4-H year. Watch for more information coming this fall on starting the new 4-H year as well as all the opportunities available for your child!

- Community Clubs
- Special Interest Clubs (Theatre Arts, Horse, Dog, Shooting Sports, Wildlife Club)
- Robotics
- After School Kids Club
- Clover Kids
- Project Workshops
- Livestock Judging
- Makers Space Workshops
- No School Day Programs





# Iowa 4-H Medical Information/Release Virtual & Face to Face Programming Version

## TO BE READ AND SIGNED BY PARENT OR GUARDIAN

### 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
- Heart or cardio-vascular
- ADHD
- Chronic bone, muscle or joint injuries
- Fainting Spells
- Convulsions/seizure
- ADD
- Other condition(s): (Please list) \_\_\_\_\_
- Diabetes
- Migraine headaches
- ODD

### Allergies or reactions: **(Check 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.)

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 NOTICE

I understand that I must be healthy and reasonably fit in order to safely participate in this ISU youth program. I also understand that during all virtual programs that I am solely responsible for monitoring my health and condition. If an injury or other medical condition occurs or arises, I understand that ISUEO will not be available to assist or arrange for assistance during virtual programs.

### 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. In addition, during virtual programs, your location, setting, or other personal information may be electronically captured and displayed. 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 acknowledge that I know, understand, and accept the potential risks associated with my child's participation in online Programs. I understand that Program staff are not providing supervision for my child during the online program, and the University does not have control over the information available through the internet or other electronic data sources. Sites accessible through the internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, or potentially offensive to others. The risks may include, but are not limited to: "Zoombombing" or other similar disruptions, cyber bullying, identity theft, hacking, intentional or inadvertent exposure to the types of materials described above, exposure to potentially triggering subject material in writing, art, or spoken word, personal injury including death, and loss or damage of personal property. 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)

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Revised for Virtual & Face to Face programming, June 2020