



REGISTRATION FORM

Note: Due to the volume of registrations we receive, this form along with payment is **required** in order for registrations to be processed. Registrations will be accepted on a first come basis. **Please complete BOTH sides of this form.**

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

Attend	Cost	Date	Event	Attend	Cost	Date	Event
<i>Location for Workshop: B=Britt, G=Garner</i>				<input type="checkbox"/> B <input type="checkbox"/> G	\$5	June 29	Stain Glass (3-12 grade)
<input type="checkbox"/>	\$5	May 31	Motor Workshop (4-8 grade)	<input type="checkbox"/> B <input type="checkbox"/> G	\$10	June 30	Succulent Terrarium (3-12 grade)
<input type="checkbox"/>	\$10	June 1	Flowers & Veggies: Grow Your Own (K-6 grade)	<input type="checkbox"/>	\$10	July 6	Flower Arrangement (3-12 grade)
<input type="checkbox"/> B <input type="checkbox"/> G	\$5	June 2	Squirt Gun Painting (K-8 grade)	<input type="checkbox"/>	\$10	July 7	Taste of Italy: Pizza and Cannoli's (2-12 grade)
<input type="checkbox"/>	\$5	June 6	Tall Corn Field Day (2-8 grade)	<input type="checkbox"/>	\$5	July 10	Stellar Robotic Welding (6-12 grade)
<input type="checkbox"/> B <input type="checkbox"/> G	\$10	June 7	Canning Ring Flower (K-12 grade)	<input type="checkbox"/>	\$5	July 11	Explore it: Vet (K-3 grade)
<input type="checkbox"/>	\$10	June 8 & 9	Wire Sculpture (4-12 grade)	<input type="checkbox"/>	\$10	July 12	Art in the Park: Donut Polyptych (3-8 grade)
<input type="checkbox"/>	\$10	June 9	Clover Kids Camp Night (K-3 grade)	<input type="checkbox"/>	\$20	July 13	\$20 Shopping Trip (3-12 grade)
<input type="checkbox"/>	\$15	June 12	Jarcuteri (K-2 grade)	<input type="checkbox"/> B <input type="checkbox"/> G	\$10	July 14	Soft Pretzels & dipping sauce (K- 8 grade)
<input type="checkbox"/>	\$15	June 13	Letter Photography (4-12 grade)	<input type="checkbox"/>	\$15	July 16	Boman Fine Arts Center-Behind the Show (3-8 grade)
<input type="checkbox"/>	\$10	June 14	Art in the Park: Sea Creature (K-3 grade)	<input type="checkbox"/>	\$5	July 17	Explore It: Detective (3-5 grade)
<input type="checkbox"/> B	\$15	June 14	Rockets: Britt (3-8 grade)	<input type="checkbox"/> B <input type="checkbox"/> G	\$5	July 18	Bubble Mania (K-3 grade)
<input type="checkbox"/>	\$5	June 15	3D Toilet Paper Sculpture (K-6 grade)	<input type="checkbox"/>	\$5	July 19	Crown Point Builders (5-12 grade)
<input type="checkbox"/>	\$15	June 16	Electrical PVC Lamps (4-8 grade)	<input type="checkbox"/>	\$5	August 2	Farm Careers (K-3 grade)
<input type="checkbox"/>	\$20	June 19	Wood Planter Stand (4-12 grade)	<input type="checkbox"/>	\$5	August 3	Corteva (3-12 grade)
<input type="checkbox"/>	\$11	June 20 & 21	Meal Challenge (4-12 grade)	<input type="checkbox"/>	\$5	August 4	Explore It: Eye Doctor (K-3 grade)
<input type="checkbox"/>	\$5	June 22	Pasta Flowers (2-8 grade)	<input type="checkbox"/>	\$5	August 7	Stellar Technology Demo Day (5-12 grade)
<input type="checkbox"/> B <input type="checkbox"/> G	\$10	June 23	Tie Dye Bags and Pillowcases (K-2 grade)	<input type="checkbox"/>	\$5	August 8	Zinpro (6-12 grade)
<input type="checkbox"/> B <input type="checkbox"/> G	\$20	June 26	Spa Day (2-12 grade)	<input type="checkbox"/> B <input type="checkbox"/> G	\$5	August 9	Jr. FLL Robotics (K-2 grade)
<input type="checkbox"/> G	\$15	June 27	Rockets: Garner (3-8 grade)	<input type="checkbox"/>	\$5	August 15	Day as a Digger (3-12 grade)
<input type="checkbox"/>	\$10	June 28	Art in the Park: Ice Cream Cone (5-12 grade)	<input type="checkbox"/>	\$5	August 16 & 17	FLL Robotics Coding (3-7 grade)

Registration Fee Information: All applicable fees should be paid to Hancock County Extension and are due by the registration deadline listed in the Summer Explorations brochure. Scholarships are available by request to pay for registration costs. Due to the large volume of registrations we receive we have a no refund policy. If an event is cancelled by Hancock County Extension for any reason such as bad weather or low registration numbers you will receive a full refund. Many events have waitlists. If you are unable to attend, please call so that those on the waitlist might be able to participate. All events are subject to change. All events will follow CDC and ISU Extension & Outreach COVID-19 safety protocols current for the day the event occurs.

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: _____

Registration form and payment should be turned in to Hancock County Extension Office, 327 W. 8th Street, Garner, IA, 50438.

QUESTIONS? Call us at (641) 923-2856 or email xhancock@iastate.edu.



IOWA STATE UNIVERSITY
Extension and Outreach



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

Participant: _____ Year: _____

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 Fainting Spells Diabetes Migraine headaches
 Heart or cardio-vascular Convulsions/seizure
 Chronic bone, muscle or joint injuries Other condition(s): _____

Allergies or reactions: (Check all that apply.)

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

Ethnicity: Non-Hispanic Hispanic

Race:

- White Only
 Black or African American Only
 American Indian or Alaska Native Only
 Asian Only
 Native Hawaiian/Other Pacific Islander Only
 All Other

Residence:

- Farm
 Rural (population under 10,000)

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 & MEDICAL EMERGENCY PARENTAL PERMISSION*

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.

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

IOWA STATE UNIVERSITY (Must be signed by the parent or guardian if the participant is under 18 years old)
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.
Revised for Virtual & Face to Face programming & demographics, April 2022