

Creativity

GROWS

HERE



Storytelling STEAM Camp Series

SEPTEMBER 21, NOVEMBER 9, & DECEMBER 7, 2022

9 A.M.-NOON

RICEVILLE PUBLIC LIBRARY

GRADES: 2-5

REGISTRATION DUE: SEPTEMBER 16

REGISTRATION FEE: \$15

2nd through 5th graders join us for a fun morning of stories and STEAM! We will be reading an exciting story then completing a challenge involving Science, Technology, Engineering, Art, & Math!

MORE INFORMATION

Contact Josey at

jnolan@iastate.edu

563.547.3001

Contact Betsy at

641.985.2273

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Riceville Public Library



IOWA STATE UNIVERSITY
Extension and Outreach

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation, go to www.extension.iastate.edu/diversity/ext.



IOWA STATE UNIVERSITY
Extension and Outreach



Registration Form

Complete all registration pages. Return with registration fee to the Howard County Extension office one week prior to the event.

Participant Name: _____

Does your child require an accommodation for a disability to participate? Yes No

If yes, what accommodations?

Please check appropriate response:

_____ I will pick my child up at the end of the program.

_____ I give permission for my child to walk home after this program.

_____ My child will be picked up by: _____

Dear Parent/Guardian

Iowa 4-H programs are open to everyone. This information is report in aggregate and not tied to a specific participant. This information will be shared with the United States Department of Agriculture (USDA). Iowa and USDA use this information to comply with Civil Rights laws.

What is the young person's gender identity?

- Male (boy)
- Female (girl)
- Their gender identity is not listed
- I don't want to answer

Which of the following best describes the young person's residence?

- Farm
- Rural (population under 10,000)
- Town (population 10,000-50,000)
- Suburb of City (population 50,000+)
- Central Cities (population 50,000+)

Which of the following best describes the young person's ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

Which of the following best describes the young person's race?

- Asian
- Black or African American
- Native American
- Native Hawaiian/Other Pacific Islander
- White or Caucasian
- More than one race
- I don't know

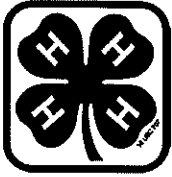
Military

- No one in my family is serving in the military
- I have a parent serving in the military
- I have a sibling serving in the military

Mail Registration to:
Howard County Extension & Outreach
132 First Avenue West
Cresco, Iowa 52136

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Iowa 4-H Medical Information/Release Form (Non 4-H Club Members - Youth)

_____ Year

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____
City, State, Zip _____

Grade ____ School Name _____
Date of Birth _____ Gender _____
Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First
Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____
Name of Family Doctor _____
Name of Dentist _____

Backup Contact (Relative or Friend)
Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____
Office Number _____
Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. _____
** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____
Insurance Company Name _____
Policy # _____ Plan # _____

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.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (Check all that apply.)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> 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.)

.....
Date of last tetanus shot (approximate if necessary): _____

(over)

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 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

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: **(Check all that apply.)**

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H activities.
- My child to drive his/her vehicle to 4-H activities or events.
- My child to transport other 4-H participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____ 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)

IOWA STATE UNIVERSITY
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... and justice for all

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Cathann Kress, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.