Clover Kids is a fun 4-H program specifically designed for children in kindergarten through third grade. Clover Kids fosters positive relationships and builds valuable life skills through a variety of hands-on activities.

**What do Clover Kids do?**

- Investigate Science, Technology, Engineering and Mathematics (STEM)
- Explore literacy through fun and engaging ways to read and write
- Practice communication skills and learn to work as a team
- Make new friends

Who: ANY Kindergarten-Third Graders

Location: Crestwood Elementary School

Registration Fee: $25.00 (Clover Kids t-shirt included)

Maximum Club Size: 20 youth (Registrations will be on a first come, first served basis.)

Please RSVP to the Howard County Extension Office by October 4 to ensure your spot!

Volunteers Needed!

For more information on the Clover Kids Program, either as a youth participant or volunteer, please contact:

Josey Nolan, 4-H County Youth Coordinator
563-547-3001
jnolan@iastate.edu
Complete all registration pages. Return with registration fee to the Howard Co. Extension Office by October 4, 2021.

Participant Name: ________________________________

Do you require an accommodation for a disability to participate?   Yes        No

If yes, what accommodations?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Is the parent interested in being an adult volunteer?   Yes        No

Dates available: __________________________

If your child has a difficult time participating in activities or is distracting others, it will be required that you attend with them.

T-Shirt Size:  Youth Small   Youth Medium   Youth Large   Youth X-Large   Adult Small   Adult Medium

Parent Permission

I hereby give permission for ________________ to attend this Clover Kids program sponsored by ISUEO Howard County. I understand that I will be notified if my child is not respecting others and in the event of severe weather will pick my child up immediately. Extension staff/volunteers will supervise the event and provide necessary emergency care. If a serious illness or injury develops and medical and/or hospital care is necessary, I give permission for emergency treatment or surgery as recommended by the attending physician.

Parent's Signature:
_____________________________________________

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: ___________________________________________
Iowa 4-H Questionnaire

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

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.
Iowa 4-H Medical Information/Release Form
(Non 4-H Club Members - Youth)

Keep original in County Office.

PARTICIPANT INFORMATION
Participant’s Name ___________________________  Grade _____ School Name ___________________________
Permanent Address ___________________________  Date of Birth ___________________________ Gender _____
City, State, Zip _______________________________  Home Phone _______________________________

MEDICAL EMERGENCY CONTACT INFORMATION
Person to Contact First ___________________________  Backup Contact (Relative or Friend)
Name ___________________________  Name ___________________________
Relation to Participant ___________________________  Relation to Participant ___________________________
Daytime Phone _________________________________  Daytime Phone _________________________________
Evening Phone _________________________________  Evening Phone _________________________________
E-mail ___________________________  E-mail ___________________________
Name of Family Doctor ___________________________  Office Number _______________________________
Name of Dentist ___________________________  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.)
☐ Asthma  ☐ Bronchitis  ☐ Fainting Spells
☐ Diabetes  ☐ Ear Infections  ☐ Heart or cardio-vascular problems/disease
☐ Convulsions/seizure  ☐ Hay Fever  ☐ Chronic bone, muscle or joint injuries
☐ Migraine headaches  ☐ Other condition(s): (Please list) ___________________________

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.)

___________________________________________________________________________________

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 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)