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: Riceville Elementary School Lunch Room

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
Registration Form

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: __________________________

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

Check which Clover Kids session your youth will attend: _____ Group 1 _____ Group 2

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: _______________________________________

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."
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)

4H-3039B-Y
August 2012 rev
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

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 your 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)

TO BE READ AND SIGNED BY PARTICIPANT

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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.

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Parent or Guardian Signature ____________________________ Date ____________________________

(Must be signed by the parent or guardian if the participant is under 18 years old)

Iowa State University
Extension and Outreach