

March 2022

Hello Everyone,

With the warmer temperatures we've been seeing, it seems like spring is almost here and with that comes the 2022 Iowa Youth Dairy Coalition! This year the event will be held on April 1st and 2nd starting in Grundy Center, IA and closing out in Hudson, IA.

This event is designed to bring youth, ages 10-18, with an interest in the dairy industry together. This is the 27th year for the Coalition and it has had hundreds of past participants. Youth taking part in this activity not only find themselves learning about the dairy industry, but also meeting new friends and developing their leadership and communication skills. Check-in for the Youth Dairy Coalition is between 5:00 and 5:30 pm on Friday, April 1st at the AmericInn in Grundy Center, IA. The night will be filled with fun including quiz bowl competitions, dairy judging workshops, and games. We will start the morning on April 2nd with a tour of Hansen's Dairy and On-Farm Creamery. We will continue the day with educational workshops including dairy product evaluation and on farm animal husbandry practices. The event will conclude with a banquet and meal held in the conference center at Hansen's at 1pm with the Iowa Youth Dairy Coalition wrapping up no later than 2:30 pm. Pick up will be at Hansen's Dairy Farm.

University rules will apply at all times. Registration fees generally help cover food, travel, lodging and a t-shirt. Additional t-shirts can be purchased this year for an additional \$10 per shirt. If parents wish to attend the banquet meal, please include the number of additional guests on the Youth Registration form. Checks for additional t-shirts may be made out to the **Dairy Science Club at ISU**.

The address for the hotel is: 2101 Commerce Drive, Grundy Center, IA 50638

The address for Hansen's Dairy is: 8461 Lincoln Road, Hudson, IA 50643

Please send registration forms to the following address by **March 18th, 2022**:

Dairy Science Club
Attn: Iowa Youth Dairy Coalition
806 Stange Rd.
119 Kildee Hall
Ames, IA 50011

If you have any questions, please feel free to contact us. We look forward to seeing you!

Sincerely,

2022 Iowa Youth Dairy Coalition Chairs
Amber Engelken, Deidra Green, and Nicole Gudenkauf

IOWA YOUTH DAIRY COALITION REGISTRATION

Friday & Saturday, April 1st & 2nd, 2022

Held at: AmericInn, Grundy Center, IA

PARTICIPANT'S NAME _____ AGE _____ SEX _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT EMAIL: _____ PARENT PHONE: _____

Banquet:

Would your parents like to attend the banquet meal on Saturday at 1:00 pm. Extra meals can be reserved with your registration. Number of extra meals to reserve: _____

T-shirts are available for all participants of the Coalition and the cost is included with the registration cost. Size of T-shirt(s): _____

Direct questions regarding the conference to:

Nicole Gudenkauf
nicoleg@iastate.edu
563-231-6151

Amber Engelken
ambere@iastate.edu
563-929-6035

Deidra Green
dlgreen@iastate.edu
641-691-5422

Please Return Registration Form by **March 18th** to: Dairy Science Club

Attn: Iowa Youth Dairy Coalition
806 Stange Rd.
119 Kildee Hall
Ames, IA 50011

This year part of the Iowa Youth Dairy Coalition experience includes a trip to Hansen's Dairy in Hudson, IA. We will need parental permission (signature on the line below) to allow your kid(s) to go. There will be a bus driver driving to the tour. It will be a direct route with no stops.

Parent/Guardian Signature: _____

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY 2022 Iowa Youth Dairy Coalition – Dairy Science Club @ Iowa State University **Youth Participation Agreement, Parental Permission Agreement Assumption of Risk, Release and Waiver of Liability and Emergency Medical Information**

PLEASE READ THIS PARTICIPATION AGREEMENT, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY and EMERGENCY MEDICAL INFORMATION CAREFULLY. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the 2022 Iowa Youth Dairy Coalition. This form must be read and completed by each participant (under the age of 18) and their parent or legal guardian who takes part in this program.

PROGRAM DESCRIPTION The Iowa State University Dairy Science Club will host the 2022 Iowa Youth Dairy Coalition, April 1st and 2nd, 2022. This overnight event is an opportunity to give students (ages 10-18) with an interest in dairy the chance to participate in learning more about the dairy industry which includes a tour of one dairy farm: Hansen’s Dairy and On-Farm Creamery in Hudson, IA. Participants will engage in a dairy quiz bowl competition and interactive games, activities, and workshops. The event will conclude with a banquet meal on Saturday. Participants and chaperones will stay at the AmericInn in Grundy Center, Iowa. Participants will be supervised by Iowa State University Dairy Science faculty and student volunteers.

PARTICIPANT INFORMATION

Participant’s Name _____ Participant’s Age _____

Permanent Address _____ Date of Birth _____

City, State, Zip _____ Home Phone _____

TRANSPORTATION As parent/guardian, I give my permission for and/or acknowledge that (check only those that apply):

_____ I will be responsible for **drop-off** and **pick-up** of my child from this event.

_____ (NAME OF DRIVER): _____ will drop-off my child at this event.

_____ (NAME OF DRIVER): _____ will pick-up my child after this event.

_____ My child will drive himself/herself to and from this event.

_____ The Iowa Youth Dairy Coalition will provide bus transportation for all participants to the hotel to farm tour.

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT (TO BE READ AND SIGNED BY PARTICIPANT)

It is important to follow the directions of the Iowa Youth Dairy Coalition faculty and student leaders in charge of this event at all times. I understand that as a participant I have the responsibility to help make the activities of this event a safe experience for everyone through good behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature _____ **Date** _____

IMAGE/VOICE PERMISSION During activities, a photograph or video/audio recordings may be taken of you. Unless you request otherwise, your initial below will be considered permission for Iowa State University, the ISU College of Agriculture and Life Sciences and Dairy Science Club faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice 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 image or voice in this manner, please notify the ISU Dairy Science Club leaders or staff prior to participating.

_____ initial _____ date

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I, _____ (print name) as the parent or legal guardian of, _____ (youth participant name), grant permission for his/her participation in the 2022 Iowa Youth Dairy Coalition in Grundy Center, Iowa. This Youth Participation Agreement, Parental Permission Agreement, Assumption of Risk, Release of Liability and Emergency Medical Information must be read carefully and signed by all participants and the parent or legal guardian of each participant under 18 years of age who will take part in the Iowa Youth Dairy Coalition, April 1-2, 2022. The ISU Dairy Science Club is offering my child a voluntary opportunity to participate in activities, meals, and one dairy farm tour at the 2022 Iowa Youth Dairy Coalition. I acknowledge that my child will be under the supervision of the ISU Dairy Science Club faculty and student club member chaperones during this event. The ISU Dairy Science Club faculty and student chaperones will stay in hotel rooms near all youth attending this event.

I understand that the Iowa Youth Dairy Coalition is designed to introduce students to the dairy industry through various farm tours and activities. These activities may involve certain risks and possible injury such as cuts and contamination of open wounds, and that Iowa State University and the Iowa Youth Dairy Coalition and ISU Dairy Science Club will provide each participant with reasonable care, instructions and personal protective equipment if necessary and adequate hand washing facilities, but that ISU cannot guarantee that I will remain free of injury. I nonetheless wish to participate in the 2022 Iowa Youth Dairy Coalition at Grundy Center, Iowa and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents - State of Iowa, Iowa State University and ISU Dairy Science Club, and their officers, employees and agents (here in after referred to as RELEASES) 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 participation in the 2022 Iowa Youth Dairy Coalition. This release, however, is not intended to release the above-mentioned RELEASES from liability arising out of their sole negligence.

Parent/Guardian Name (please print)

Date

Signature of Parent or Guardian (if under 18)

MEDICAL EMERGENCY PERMISSION I understand that I must be healthy and reasonably fit in order to safely participate in **the 2022 Iowa Youth Dairy Coalition** activities and I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely. The health history stated below is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the **Iowa Youth Dairy Coalition** faculty or students in charge 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 the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by the **Iowa Youth Dairy Coalition** faculty or students in charge to secure and administer treatment for me, including hospitalization.

I understand that the event coordinators will make every attempt to ensure the safety of youth participants and provide properly trained and experienced faculty and students to chaperone this event. Medical information will be kept confidential and used only in the case of a medical emergency. * (If you cannot sign this section of the form for any reason, contact the Office of Risk Management [515-294-7711] regarding a legal waiver in order to attend and participate.)

initial _____ date _____

MEDICAL EMERGENCY CONTACT INFORMATION Person to Contact First: Backup Contact (Relative or Friend):

Name _____

Relation to Participant _____ Daytime Phone _____

Evening Phone _____

Health Information (Please Print) Does participant have any medical condition which may limit certain activities? If yes, please specify condition(s): _____

Do you 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) _____

Please list any allergies or allergic reactions participants may have: (Check all that apply.) _____ Aspirin
_____ Penicillin _____ Dairy _____ Gluten _____ Peanuts _____ Insect bites or stings _____
Ivy/oak/sumac toxins _____ Other (list) _____

Are you currently taking any prescribed or over-the counter medication? If so, list what they are:

INSURANCE INFORMATION: Iowa State University does not provide health insurance for participants in this event/activity.

Yes The above-named participant is covered by health insurance. If yes, please provide the following information for use in the event that treatment is necessary.

No **If no**, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you.

Policy Holder's Name _____ Relation to Participant _____

Policy Holder's Phone # _____ Insurance Company Name _____

(IF KNOWN) Insurance Company Customer Service Phone # _____