4-H CLOVER KIDS

CONTACT US!

ADDRESS
2008 10th St.
Emmetsburg, IA 50536

PHONE
712-852-2865

HOURS
Monday-Friday,
9:00 a.m. to 4:30 p.m.

EMAIL
jnaig@iastate.edu

WEBSITE
extension.iastate.edu/paloalto/4h

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4-H CLOVER KIDS

2020-2021 Clover Kids

For Grades K-3

Sponsored by ISU Extension & Outreach

Palo Alto County

Pre-registration required to participate.
See form inside!

IOWA STATE UNIVERSITY
Extension and Outreach

What is Clover Kids?

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.

Clover Kids members:

- Investigate Science, Technology, Engineering and Math (STEM)
- Explore literacy through fun and engaging ways to read and write
- Learn the importance of being healthy and physically active
- Practice communication skills and learn to work as a team
- Play fun cooperative games and make new friends
- Have the opportunity to participate in the Palo Alto County Fair

How do I sign up?

Fill out the enclosed paperwork (front and back) and return it to the Palo Alto County Extension Office at 2008 10th St., Emmetsburg, IA 50536 along with your **$15** enrollment fee. Deadline to register is **September 15, 2020.**

*The fees for service will be used to off-set direct expenses and to support the 4-H Youth Development County Extension Program.

Due to the current situation Clover Kids for the Ruthven-Ayrshire group will not be held face-to-face until further notice. Instead it will consist of "Lesson to Go" bags that will be delivered to the school the first week of every month—October through May.

"Lesson to Go" bag will include:

- Supplies to complete a lesson/experiment
- Supplies & instructions to complete a craft
- YouTube video link for a story that goes with the lesson
- Pre-packaged snack
- Additional items (mazes, coloring pages, etc.)

*Lessons are to be completed at home on participant's own time.

When the time is right to meet face-to-face we will contact parents by email to let everyone know about the change. Plans are then to meet after school the first Tuesday of every month in the school lunchroom until 5:00 PM. Postcard reminders will be sent out the week before each face-to-face meeting.

Iowa 4-H Club Member Enrollment and Medical Information/Release Form

☐ Postal Mail ☐ Email

Name		**Family Email**	**Correspondence Pref.**
Email		**First Name**	
Last Name		**Mailing Address**	
City		**State**	
Zip Code		**Birth Date**	
Gender	☐ Male ☐ Female	**Primary Phone**	
Cell Phone		**Years in 4-H**	

Parent / Guardian 1

First Name		**Last Name**	
Cell Phone		**Work Phone**	

Parent / Guardian 2

First Name		**Last Name**	
Cell Phone		**Work Phone**	

Emergency Contact

Name	**Phone**	**Relation to Participant**

Enrollment

Ethnicity Are you of Hispanic ethnicity? ☐ No ☐ Yes (please indicate both an ethnicity and race)

Race
- ☐ White
- ☐ Black
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Prefer Not to State

Residence
- ☐ Farm (rural area where agricultural products are sold)
- ☐ Town under 10,000 and rural non-farm
- ☐ Town / City 10,000 - 50,000 and its suburbs
- ☐ Suburb of city more than 50,000
- ☐ Central city more than 50,000

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

Branch ☐ Air Force ☐ Army ☐ Coast Guard ☐ DOD Civilian ☐ Marines ☐ Navy

Component ☐ Active Duty ☐ National Guard ☐ Reserves

Grade **School Name**

School Type
- ☐ Public School
- ☐ Private School
- ☐ Special Education
- ☐ Homeschool / Alternative
- ☐ Magnet / Specialized School
- ☐ Charter School
- ☐ Vocational Education

Health Conditions

Does your child have any Medical Conditions? ☐ **Yes** ☐ **No**

If Yes, please list :

Does your child have any allergies ☐ **Yes** ☐ **No**

If Yes, please list :

Is your child currently on any prescribed or over-the-counter medication? ☐ **Yes** ☐ **No**

If Yes, please list :

Clubs

Enroll	Club
☐ (Enroll)	
(New Club)	
(New Club)	
(New Club)	

Projects

Enroll	Project
☐ (Enroll)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the 4-H Club 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. I agree to follow the Code of Conduct for Iowa 4-H Youth and Families.

_____ 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 program leader(s) of any medication, ailment, condition, or injuiry that may affect his/her ability ot 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 ISUEO or County Agricultural Extension District staff or volunteers 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 to the attending physicians or health care unit (other than those covered by an accident insurance plan). In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISUEO or county extension staff or volunteers to secure and administer treatment for my child, including hospitalization. _____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension and Outreach 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 agreement below will be considered permission for Iowa State University, the County Agricultural Extension District, 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._____initial_____date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized 4-H activity or event. I give my permission for: (***Check all that apply.***)

- ☐ Any 4-H staff person with a valid driver's license
- ☐ Any screened and approved 4-H volunteer with a a valid driver's license
- ☐ Any family member with a valid driver's license
- ☐ My child is not allowed to travel with anyone but a parent

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H Club 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 CLUB ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I give permission for my youth to participate in the 4-H program. I understand that 4-H club 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 as an Iowa 4-H club member in the 4-H club 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 Outreach, County Agricultural Extension Districts, 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

PROGRAM EVALUATION AND RESEARCH PERMISSION

The Iowa State University Extension and Outreach 4-H Program annually assesses the extent to which youths' engagement in 4-H learning experiences impact their lives. The overall purpose of Iowa 4-H's program evaluation and research efforts is to inform and improve 4-H educational learning experiences with all Iowa youth.

Throughout the 4-H programming year, youth enrolled in 4-H learning experiences may be asked via a self-assessment tool to share perceptions of changes in their knowledge and actions/practices related to engagement in healthy living, STEM, citizenship and leadership, and/or communication and the arts learning experiences. The youth self-assessments do not ask for youths' names. Youths' self-assessment responses are kept confidential and results are reported in aggregate.

The Iowa 4-H Program is also working collaboratively with the Iowa Department of Education to determine if there are differences in academic variables such as, but not limited to, grades, test scores, school attendance, and course enrollment of youth who are engaged in 4-H learning experiences compared to youth who are not engaged in 4-H learning opportunities. Additionally, demographic data, such as, but not limited to youths' ethnicity, race, and gender will also be reviewed to better understand if youth engagement in 4-H learning experiences helps to close achievement gaps as outlined by the Iowa Department of Education. The Iowa 4-H Program will work closely with the Iowa Department of Education to ensure that any data released is not personally identifiable and that any data received, analyzed, or preserved is in strict compliance with the requirements within the Family Educational Rights and Privacy Act (FERPA) and Iowa State University's Human Subject Policies.

You are free to decide not to have your child participate in any Iowa 4-H program evaluation or research project, or to withdraw your child at any time, without adversely affecting your child's Iowa 4-H participation. If you decide to withdraw your child from an Iowa 4-H program evaluation or research project, please contact Leslie Stonehocker, 4-H Data Manager, at ljstone@iastate.edu . Your decision will not result in any loss or benefits to which your child is otherwise entitled.

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN 4-H PROGRAM EVALUATION AND RESEARCH EFFORTS. YOUR SIGNATURE CERTIFIES YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.

_____ _____

Parent or Guardian Signature Date

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Advisor, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804.

IOWA EXHIBITOR YOUTH CODE OF ETHICS

Youth are expected to be sincere, honest and act in sportsmanlike ways at all times. Youth represent the entire program and their behavior reflects on their parents, leaders, club and the entire youth program. All adults involved with the youth program, leaders as well as parents, are expected to set positive examples and serve as positive role models by what they say and do. Any youth who breaks the Code of Ethics or allows another person (adult or peer) to talk them into violating the Code of Ethics agrees to forfeit all prizes, awards and premiums. The youth may also be prohibited from exhibiting at this and future exhibitions including the Iowa State Fair and other county, state or regional exhibitions.

Youth agree to follow these guidelines:

1. I will do my own work, appropriate for my age and physical and mental development. This includes research and writing of exhibit explanations, preparing exhibits (such as sewing, cooking, refinishing, etc), care and grooming of animals, etc. Adult assistance should help guide and support me, not do it for me.
2. All exhibits will be a true representation of my work. Any attempt to take credit for other's work, alter the conformation of animals, or alter their performance is prohibited. Copyright violation or allowing others to complete your exhibit is considered misrepresentation and is prohibited.
3. I will treat all people and animals with respect. I will provide appropriate care for animals.
4. I will present exhibits that are safe for consumption. All food exhibits will be safe to exhibit and for judges to evaluate. Other exhibits will be safe for judges to evaluate and for exhibition.
5. All food animals that may be harvested immediately following the show shall be safe for consumers, and shall have met all withdrawal times for all medications, and be free of violative drug residue.
6. If any animal requires medical treatment while at the fair or exhibition, only the Official Fair Veterinarian may administer the treatment. All medications that are administered shall be done according to the label instructions of the medication used.
7. My animal's appearance or performance shall not be altered by any means, including medications, external applications and surgical procedures. Any animal that is found to have changed its appearance or its performance shall be disqualified from the show, and have penalties assessed against the exhibitor, parent and/or guardian by the management of the fair or exhibition.
8. I will follow all ownership and possession rules and, if requested, will provide the necessary documentation.
9. I will follow all livestock health requirements for this fair or exhibition, according to the state health requirements as printed in the Premium Book of the fair or exhibition. I will provide animal health certificates from a licensed veterinarian upon request from the management of the fair or exhibition.
10. By my entering an animal in this fair or exhibition, I am giving consent to the management of the fair or exhibition to obtain any specimens of urine, saliva, blood, or other substances from the animal to be used in testing. If the laboratory report on the analysis of any sample indicates a presence of forbidden drugs, this shall be evidence such substance has been administered to the animal either internally or externally. It is presumed that the sample tested by the laboratory to which it is sent is the one taken from the animal in question, its integrity is preserved and all procedures of said collection and preservation, transfer to the laboratory and analysis of the sample are correct and accurate and the report received from the laboratory pertains to the sample taken from the animal in question and correctly reflects the condition of the animal at the time the sample was taken, with the burden on the exhibitor, parent and/or guardian to prove otherwise.
11. I am responsible for my exhibit and I will not allow others to violate this Code on my behalf. By my entering an exhibit in this fair or exhibition I will accept any disciplinary action taken by the management of this fair or exhibition for any violation of this Code of Ethics and any other rules of competition of the fair or exhibition without recourse against the fair or exhibition.
12. I want my exhibit to be an example of how to accept what life has to offer, both good and not so good, and how to live with and learn from the outcome.
13. I will not be involved in any illegal activities while participating in 4-H and FFA events, including but not limited to alcohol, tobacco or drug use.

I agree to conduct myself in an honest, ethical, and upstanding manner and I understand that disciplinary actions will result if these rules are violated. I understand that I am expected to represent the program in a positive manner. I have read, understand and agree to follow this Code of Ethics, and any other rules of competition of the fair or exhibition as printed in its Premium Book.

Exhibitor's Signature (Required)	Date	Exhibitor's Name (Print)
Parent/Guardian's Signature (Required)	Date	Parent/Guardian's (Print)

IOWA STATE UNIVERSITY
Extension and Outreach

Iowa State University Extension programs are available to all without regard to race, color, age, religion, national origin, sexual orientation, gender identity, genetic information, sex, marital status, disability, or status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Compliance, 3280 Beardshear Hall, (515) 294-7612.

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