and justice for all . . .

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2015-2016 Clover Kid Program

For Grades K-3

Sponsored by ISU Extension & Outreach

Palo Alto Co.

Locations:
Ruthven/Ayrshire School
West Elementary—Emmetsburg
West Bend/Mallard School
Craettinger—Basement of American Legion
EMMERTSBURG, IA 50536
2008 10th St., P.O. Box 323
Palo Alto Co. Extension Office

Page and fee: Send enrollment & medical forms, this
September 15, 2015

Registration Deadline:

Child's Name: ____________________________
Parent's Name: ____________________________

Topic: Share a special interest or hobby to the group.

Be an assistant leader for the year.

First Preference: Be an adult volunteer helper for one of the monthly meetings.

Second Preference: Provide a beverage for one of the monthly meetings.

Third Preference: Provide a snack for one of the monthly meetings.

This opportunity for Clover Kids.

Please check (✓) the things you are willing to do to help us provide

Sure, I'd like to help!

Greeter/Ing
Kitchen/Server
West Bend/Mallard

Clover Kids Group: (✓)

Have fun & meet new friends
Participate in the Palo Alto County Fair
Learn applicable life skills
Participate in hands-on activities
Grow and learn in a non-competitive environment

To give children in grades K-3 an opportunity to:

Why Clover Kids?

Questions? Call 712-852-3865 or email jug@desi.gov

Palo Alto Co. Extension Program
Expresses its appreciation to the 4-H Youth Development County EX-5
The fees for service will be used to offset direct

Cost: $15.00 per member

West Elementary School Lunchroom

Where?

After school until 5:00PM

Time?

Picking another date each month

Meeting Dates:

Group—Emmetsburg

Thursday, May 12
Thursday, April 14
Thursday, Feb. 11
Thursday, Jan. 14
Thursday, Dec. 10
Thursday, Nov. 12
Thursday, Oct. 8

(✓)
Name

County

Family Email

Correspondence Pref.

Email

Last Name

City

Zip Code

Gender

Cell Phone

Parent / Guardian 1

First Name

Mailing Address

State

Birth Date

Primary Phone

Years in 4-H

Parent / Guardian 2

First Name

Cell Phone

Work Phone

Second Household

Send Correspondence

Yes

Correspondence Pref.

No

Postal Mail

Email

Work Phone

Family Name

Primary Phone

City

Zip Code

Emergency Contact

Name

Cell Phone

[mEmergencyContactCellPhone]

Relationship

Enrollment

Ethnicity

Are you of Hispanic ethnicity?

No

Yes

(please indicate both an ethnicity and race)

Race

White

Native Hawaiian or Pacific Islander

Black

Asian

American Indian or Alaskan Native

Prefer Not to State

Residence

Farm (rural area where agricultural products are sold)

Suburb of city more than 50,000

Town under 10,000 and rural non-farm

Central city more than 50,000

Town / City 10,000 - 50,000 and its suburbs

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 Type

Public School

Homeschool / Alternative

Private School

Magnet / Specialized School

Special Education

Charter School

Vocational Education
### Clubs

<table>
<thead>
<tr>
<th>Enroll</th>
<th>Club</th>
<th>Volunteer Title</th>
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<td>☐ (Enroll)</td>
<td>New Club</td>
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### Projects

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**BEHAVIOR EXPECTATIONS:** As a 4-H member: It is important to follow the directions of the 4-H Club leader(s) at all times. As a 4-H member and guardian: I understand that as a participant and/or guardian I have the responsibility to help make all 4-H activities a safe experience for everyone through my behavior and conduct. I also understand the importance of following rules, directions, and policies and agree to follow them.

<table>
<thead>
<tr>
<th>Member Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent / Guardian Signature</td>
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### County Only

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<tr>
<th>Fee Paid</th>
<th>Cash/Check No.</th>
<th>Medical Release</th>
<th>Ethics Form</th>
<th>Photo Permission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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</table>
Iowa 4-H Medical Information/Release Form
(Club Member)
2015-2016 Year

Keep original in County Office.

PARTICIPANT INFORMATION
Participant's Name ___________________________ Name of Club ___________________________
Permanent Address ___________________________ Date of Birth ________________ Gender ______
City, State, Zip _______________________________ Home Phone ___________________________

MEDICAL EMERGENCY CONTACT INFORMATION
Person to Contact First
Name ___________________________ Backup Contact (Relative or Friend)
Relation to Participant ___________________________ Name ___________________________
Daytime Phone ___________________________ Relation to Participant ___________________________
Evening Phone ___________________________ Daytime Phone ___________________________
E-mail ___________________________ Evening Phone ___________________________
Name of Family Doctor ___________________________ E-mail ___________________________
Name of Dentist ___________________________ Office Number ___________________________

INSURANCE POLICY INFORMATION
I understand that ISU Extension purchases a primary accident insurance policy to cover 4-H members during authorized
4-H events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are
excluded from the policy or exceed the policy limits. ________ initial ________ date

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 ☐ Ear Infections ☐ Heart or cardio-vascular problems/disease
☐ Diabetes ☐ Fainting Spells ☐ Hay Fever ☐ Chronic bone, muscle or joint injuries
☐ Convulsions/seizure ☐ Other condition(s): (Please list) ___________________________
☐ Migraine headaches

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): ___________________________

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.

Participant Signature ___________________________ Date ___________________________

(over)
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 to the attending physicians or health care unit (other than those covered by an ISU Extension 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 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 4-H program leader.

_______ 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.)

☐ 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 Club activities.
☐ My child to drive his/her vehicle to this 4-H activities or events.
☐ My child to transport other 4-H Club 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 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 ___________________________ 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 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
Extension and Outreach