Sponsored by ISU Extension & Outreach

For Grades K-3

Kid Program

2015-2016 Clover
**Group—Graettinger-Terril**

**Meeting Dates:**
- Monday, Oct. 5
- Monday, Nov. 2
- Monday, Dec. 7
- Monday, Feb. 1
- Monday, Mar. 7
- Monday, April 4
- Monday, May 2

* Dates are subject to change—email reminders will be sent.

**Time?**
After school (4:00 PM) until 5:30 PM

**Where?**
Basement of American Legion—will meet in the lobby of Graettinger School & walk as a group to the Legion (entrance on east side of bldg.)

**Cost?** $15.00 per member
* The fees for service will be used to off-set direct expenses and to support the 4-H Youth Development County Extension Program.

**Questions?** Call 712-852-2865 or email jnaig@iastate.edu

**Leaders— Michele Moen—712-209-3958 Melissa Guinn—712-887-0536**

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**Clover Kids Group:** (J)
- Emmetsburg
- West Bend/Mallard
- Ruthven/Ayrshire
- Graettinger

**Sure, I’d Like to Help!**
(to be filled out by the parents of Clover Kids)

Please check (J) the things you are willing to do to help us provide this opportunity for Clover Kids.

- [ ] Provide a snack for one of the monthly meetings. Prefer the month of _____________.
- [ ] Provide a beverage for one of the monthly meetings. Prefer the month of _____________.
- [ ] Be an adult volunteer helper for one of the monthly meetings. Prefer the month of _____________.
- [ ] Be an assistant leader for the year.
- [ ] Share a special interest or hobby to the group. Topic: ____________________________

Parent’s Name ____________________________
Child’s Name ____________________________

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**Registration Deadline:**
**September 15, 2015**

Send enrollment & medical forms, this page, and fee to:

Palo Alto Co. Extension Office
2008 10th St. P.O. Box 323
Emmetsburg, IA 50536
## Youth Enrollment Form - New Member

**4-H Year:** 2015-2016

### Name
- **Email**
- **County**
- **Family Email**
- **Correspondence Pref.**

### Parent / Guardian 1
- **First Name**
- **Last Name**
- **Cell Phone**
- **Work Phone**

### Parent / Guardian 2
- **First Name**
- **Last Name**
- **Cell Phone**
- **Work Phone**

### Second Household
- **Email**
- **Send Correspondence**
- **Correspondence Pref.**
- **Postal Mail**
- **Email**

### Family Name
- **First Names**
- **Address**

### City
- **State**

### Zip Code
- **Email**

### Emergency Contact
- **Name**
- **Phone**
- **[mEmergencyContactCellPhone]**
- **Relationship**

### Enrollment
- **Are you of Hispanic ethnicity?**
- **No**
- **Yes**

### 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**

### Branch
- **Air Force**
- **Army**
- **Coast Guard**
- **DOD Civilian**
- **Marines**
- **Navy**

### Component
- **Active Duty**
- **National Guard**
- **Reserves**

### Grade
- **Public School**
- **Private School**
- **Special Education**
- **Vocational Education**

### School Type
- **Homeschool / Alternative**
- **Magnet / Specialized School**
- **Charter School**

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**Printed By:** Palo Alto  
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# Clubs

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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>
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<th>Parent / Guardian Signature</th>
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Iowa 4-H Medical Information/Release Form  
(Club Member)  
2015-2016 Year

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 ________________________ 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
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 ☐ Diabetes ☐ Bronchitis ☐ Fainting Spells
☐ Convulsions/seizure ☐ Ear Infections ☐ Hay Fever ☐ Heart or cardio-vascular problems/disease
☐ 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): ________________________________

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 ___________________________
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)

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Iowa State University
Extension and Outreach

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Cathryn Kress, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.