GO FOR THE GOLD!

FRONTIER EXTENSION DISTRICT 4-H DAY CAMP

WHO: ALL FRONTIER DISTRICT YOUTH, AGES 7-11; Need not be in 4-H to join the fun!

WHAT: CRAFTS, GAMES, SONGS, COMMUNITY SERVICE AND SWIMMING

WHEN: WEDNESDAY, JUNE 30, 2021; 9:00 A.M.-3:00 P.M.

WHERE: GARNETT COMMUNITY BUILDING (at the corner of S. Oak Street and N. Lake Road on the Anderson County Fairgrounds)

NOTES: $5.00 FEE; ALL FORMS & FEE DUE BY JUNE 23rd; LUNCH WILL BE SERVED

FOR MORE INFORMATION, CONTACT ANY FRONTIER EXTENSION DISTRICT OFFICE:

OTTAWA:
1418 S. Main, Suite 2
785-229-3520

LYNDON:
128 W. 15th
785-828-4438

GARNETT:
411 S. Oak
785-448-6826

Use one form per participant.

Name of participant: ________________________________

Parent Name(s): ________________________________

Parent Phone #(s): ________________________________

Emergency phone #(s): ________________________________

Age: ________

Grade: ________

Are you currently enrolled in 4-H?
YES: _____  NO: _____

Would you like more information about joining 4-H?
YES: _____  NO: _____

Return this registration form, the participation form, and fee to any Frontier Extension Office by June 23rd.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service
K-State Research and Extension is an equal opportunity provider and employer.
Kansas 4-H Participation Form

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance). Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print with blue or black ink to allow for photocopying.

Name __________________________ County/District __________________________
Last __________________________ First __________________________
Address __________________________
City __________________________ Zip ____________
E-mail __________________________
Birth Date ____________ MM/DD/YY Age □ Youth □ Adult □ Female □ Male
Home Phone __________________________
Emergency Contact #1 Phone □ H □ W □ C __________________________
Emergency Contact #2 Phone □ H □ W □ C __________________________
Name of Family Doctor __________________________
Health Insurance Company __________________________
Name of Insured __________________________
Doctor’s Phone __________________________
Policy # __________________________
Relationship to Participant __________________________

HEALTH HISTORY
Does the participant have, or at any time has had, any of the following? Check “Yes” or “No” to each item. Please explain any “yes” answers (noting the number of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

1) Asthma ............................................ □ Yes □ No
2) Bronchitis ............................................ □ Yes □ No
3) Convulsions ............................................ □ Yes □ No
4) Diabetes ............................................ □ Yes □ No
5) Ear Infection ............................................ □ Yes □ No
6) Fainting ............................................ □ Yes □ No
7) Heart Condition ............................................ □ Yes □ No
8) Headaches ............................................ □ Yes □ No
9) Hypoglycemia ............................................ □ Yes □ No
10) Serious Insect Stings ............................................ □ Yes □ No
11) Wear Glasses ............................................ □ Yes □ No
12) Wear Contact Lenses ............................................ □ Yes □ No
13) Other Conditions ............................................ □ Yes □ No
14) Penicillin Allergy ............................................ □ Yes □ No
15) Aspirin Allergy ............................................ □ Yes □ No
16) Tetanus Allergy ............................................ □ Yes □ No
17) Other Drug Allergies ............................................ □ Yes □ No
18) Food Allergies ............................................ □ Yes □ No
19) Serious Ivy, Oak or Sumac Poisoning ............................................ □ Yes □ No
20) Other Allergies ............................................ □ Yes □ No

Date of Last Tetanus Shot ____________

The following over-the-counter medications may be administered to my child, without contacting me.
□ Antihistamine □ Antacid □ Ibuprofen (Advil) □ Acetaminophen (generic, Tylenol)
□ Decongestant □ Dramamine □ Hydrocortisone □ Polysporin (topical antibiotics)
□ Please contact me for permission to administer any over-the-counter medications.

PUBLICITY RELEASE
I authorize K-State Research and Extension and Kansas 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension and/or Kansas 4-H Foundation.

□ No, I do not authorize use of my – or my child’s – individual image or voice.
EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in program evaluations is voluntary and that I and my child may choose not to participate and may withdraw from evaluations without impact on my or my child’s eligibility to participate in the 4-H program.
- I understand that I or my child may be asked for consent before completing an evaluation.

☐ No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

KANSAS 4-H CODE OF CONDUCT

As a participant in the Kansas 4-H program, you have the responsibility of representing Kansas 4-H to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family and 4-H. To do that, you must:
1) Conduct yourself and your project work in a manner that is trustworthy, respectful, responsible, fair, caring and in good citizenship.
2) Be responsible for your actions by following the rules and being accountable. This includes being in assigned program locations/sessions, abiding by deadlines, times and housing arrangements. If you are unable to participate or need assistance, notify those in charge of the event/program.
3) Treat yourself, other people, animals and property with respect, using good manners, dressing appropriately and by not using profanity. You will be personally responsible for any damage caused as a result of your behavior. Know that the use of tobacco, alcohol, and non-prescribed drugs by youth is illegal.
4) Demonstrate caring for people other than yourself. Know that harassment of any type is illegal and prohibited at all 4-H events.
5) Be a good citizen by participating fully, and helping those around you have positive experiences.

MEMBERS: I have read the Code of Conduct above and agree to abide by these expectations. I realize my failure to do so could result in a loss of privileges during events and/or in the future.

ADULTS: I have read the Code of Conduct above as well as the Kansas 4-H Volunteer Code of Ethics in the Volunteer Information Profile (VIP) and agree to abide by the expectations of both. I realize my failure to do so could result in a loss of privileges during events and/or in the future.

Participant Signature __________________________ Date __________

VERIFICATION

I, __________________________ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

I have read and understand the Kansas 4-H Code of Conduct, Kansas 4-H Volunteer Code of Ethics (for adult participants), Publicity Release, and Evaluation Release.

I hereby release Rock Springs 4-H Center, Kansas 4-H Foundation, local extension boards, Kansas State University, the State of Kansas, and their agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Kansas 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities, including activities that involve horses, provided by the Rock Springs 4-H Center and being allowed to participate.

Parent/Guardian or Adult Participant Signature __________________________ Date __________