

4-H EXPLORATION DAYS REGISTRATION FORM

Parental approval is required for youth under age 18 to participate in 4-H Exploration Days activities.

This form, along with the Code of Conduct and four permission form sections, must be completed and returned to your **county MSU Extension office by May 1, 2009**, before the youth can participate in the event. Please type or print clearly.

4-H club or group _____

Full legal name _____
(Last) (First) (MI)

Street _____

City _____

State _____ ZIP _____ Phone (____) _____

E-mail address _____

County _____ Sex: Male Female

Number of times you've attended this event before: _____

STATUS (must check one):

- Youth – Not a 4-H member
 Youth – 4-H member, Number of years: _____
 Chaperone (aged 21 & up)
 Field staff
- Other adult (Only for bus drivers needing housing or adults with disabilities that prevent them from taking chaperone roles.)

Please check all that apply:

- County conference assistant
 Instructor* – session # _____
 Helper* – session # _____
** Selected through state 4-H committees.*
 Disability – wheelchair user
 Disability – physical (please indicate): _____

Disability – learning or functional (please indicate): _____

Special dietary needs (please indicate): _____

ADULT T-SHIRT SIZE (must check one):

- Small Medium Large X-Large
 XX-Large XXX-Large

RESIDENCE DESCRIPTION:

- Urban Rural, but not on a farm
 Suburban Farm

RACIAL-ETHNIC CATEGORY (Optional)

Are you of Hispanic ethnicity? Yes No

- African Am./Black White
 Am. Indian/Alaskan Native White & Am. Indian/Alaskan Native
 Asian White & Asian
 Black & Am. Indian/Alaskan Native White & Black
 Native Hawaiian/Pacific Islander Other Mixed Heritage: _____

FOR COUNTY MSU EXTENSION OFFICE USE ONLY:
 Date _____ Amount _____
 Receipt # _____

YOUTH ONLY:

Age on 01/01/09: _____ Date of birth: ____/____/____
MM / DD / YYYY

High school graduation year: _____

Name of high school you attend or will attend: _____

School city: _____

U.S. Citizen: Yes No

REGISTRATION CHOICES (check one):

- 4-H Exploration Days participant only
 4-H Awards Assembly participant only
 Both 4-H Exploration Days & 4-H Awards Assembly participant

COMMUTING TO EVENT:

No Yes (Will not receive lodging or meal cards.)

PAYMENT

A deposit must be sent in with the registration form. Please make your check or money order payable to MSU Extension. This form is due in your county MSU Extension office by May 1, 2009. For specific amount due, see page 3.

SESSION SIGN-UP

Sign up early to get the sessions you want! Reservations will be made on a first-come, first-served basis. Be sure to select eight choices since the sessions will fill up fast. See page 5 for more information on how to complete this section. You may take one full session or two half sessions. 4-H Awards Assembly delegates will sign up for the Assembly as their first-half session and are not eligible for full sessions. See the following samples. List session numbers (not titles).

KEY: 1st-Half: #100 to #150 and #500 to #529
 2nd-Half: #200 to #262 and #600 to #629
 Full: #300 to #326
 Awards Assembly: #900 to #931

SAMPLE REGISTRATIONS:

	1st-Half AND 2nd-Half OR Full Session		
4-H Exploration Days Participant:			
1st Choice	112	620	
2nd Choice			309
	1st-Half AND 2nd-Half OR Full Session		
4-H Awards Delegate:			
1st Choice	907	223	NA
2nd Choice	907	613	NA

YOUR SELECTIONS:

	1st-Half AND 2nd-Half OR Full Session		
1st Choice			
2nd Choice			
3rd Choice			
4th Choice			
5th Choice			
6th Choice			
7th Choice			
8th Choice			

ADULTS: OVER FOR HOST SIGN UP

4-H EXPLORATION DAYS HOST REGISTRATION CHOICES

Adults who attend 4-H Exploration Days must serve as either a session host or an activity host if they are not serving as CCAs (county conference assistants), session instructors or session helpers. (Many CCAs, instructors and helpers also double as session or activity hosts!). If each of the more than 400 adults who attend this event each year takes on just one of these support roles, there will be more than enough people to fill every assignment. For more information on adult roles at this event, please see the "Adult Roles at 4-H Exploration Days" section on page 16.

Please rank at least **four** choices if you sign up to be an activity host. Some of the activities (such as overseeing shuttle

bus traffic) happen each day and in each time frame. Others (such as overseeing attendance and verifying the participant count at Abrams Planetarium) happen on a single day and in a single time frame. When making activity host selections, think first about which day and time period you would prefer to host, then select your preferred activities. (You may wish to coordinate this with other adults from your county so that all of you do not select the same days and times.)

Detailed information about your assigned host role will be mailed to you by early June. There will also be a host orientation at the beginning of 4-H Exploration Days.

Please indicate your host preferences below. Check all that apply.

Session host

_____ for your assigned session (you must register for session choices and receive an assigned session)

_____ at large (for those not assigned session registration choices and willing to host any session with a host vacancy)

Activity host

(Please indicate your preferred time and activity below by ranking your choices, with 1 being the most favorable. Please do not use "X" or "✓" to indicate choices. If you do not have a preference, put "1" for all your selections.)

Day (Rank 1 to 3):

___ Wednesday

___ Thursday

___ Friday

Time frame (Rank 1 to 3):

___ Morning

___ Afternoon

___ Evening

Activity (please rank at least four choices):

___ Ride shuttle bus to discourage pleasure riding (to continually make room for new riders)

___ Oversee a residence hall shuttle bus stop (to help participants find destinations)

___ Help with field trip bus loading before sessions

___ Oversee IM East activities and facilitate indoor and outdoor pick-up games

___ Oversee Abrams Planetarium attendance and verify count

___ Oversee ice skating attendance and verify count

___ Help participants find the rooms in which their sessions are being held in hard-to-navigate building such as the IM buildings.

___ Willing to assist wherever needed

PARENT OR GUARDIAN CONSENT/MEDICAL TREATMENT AUTHORIZATION FORM

4-H EXPLORATION DAYS, JUNE 24 TO 26, 2009

This form, the Registration Form and the Code of Conduct/ Media Release Form are due to your county MSU Extension office by **May 1, 2009**.

There are five places on these forms that must be signed by a parent or guardian of a minor participant or by participants aged 18 and up.

County _____

SECTION 1 - PARENT/GUARDIAN CONSENT

Required for youth under age 18 to participate.

I hereby grant permission for my child (print name) _____ to participate in all educational and social activities of 4-H Exploration Days 2009 sponsored by Michigan State University Extension's 4-H Youth Development.

I understand that some sessions take field trips and that some sessions, campus facility tours and other recreation activities have special risks. I have read the session descriptions and approve of my child's session selections. I accept any risks associated with my child's assigned session(s) and selected recreational activities.

If my child has any special needs or health concerns, I will make a note of them on the Personal Data Sheet that is collected at the county pre-event orientation meeting or at another time designated by the county.

Name of Parent/Guardian (Please print): _____

Signature: _____ Date: _____

SECTION 2 - MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full legal name _____

Birth date _____

Parent phone—day: (_____) _____

evening: (_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Please attach a photocopy of both sides of your insurance card or complete the information requested below.

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list the emergency treatment authorization phone number

(_____) _____

Employer's name and address _____

Business phone (_____) _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

YES NO

Does the participant have any chronic health problem or illness?

Does he or she have any acute illness now?

Has the person been treated recently for some medical problem?

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics?

Does he or she have any allergies?

Date of his or her last tetanus shot _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up _____

Date _____

CODE OF CONDUCT/MEDIA RELEASE/ 4-H OVERNIGHT HOUSING PERMISSION FORM

SECTION 3 - CODE OF CONDUCT

Positive behavior is a key expectation for youth and adults participating in state-sponsored 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to fully participate, follow all event guidelines and behave appropriately to ensure a high-quality learning experience and ensure the safety of all participants. Youth and adult participants should be aware of the following:

- Theft, vandalism, the use of illegal drugs and alcohol, leaving campus (except for session field trips) and other such offenses are strictly prohibited. Anyone involved with these offenses will immediately be sent home at his or her own expense. Those engaged in illegal activities will be turned over to the proper authorities. Repair costs for damages incurred to property will be billed to those responsible.
 - Behaviors for which participants may be sent home are inappropriate sexual behavior and behavior that violates the rights of others, particularly when the behavior is disrespectful as regards a person's appearance, race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status. Disciplinary action will vary based on the degree of the offense and will be determined by the 4-H staff in charge of the program.
 - Youth participants are not permitted to use tobacco in any form.
 - Housing areas are set up as all female and all male. Participants are not permitted in the housing areas assigned to members of the opposite sex (bathrooms, floors and rooms). The only exception is brief delegation meetings arranged by 4-H staff.
 - All youth and adult participants are to wear their conference lanyards and name badges around their necks at all times (except when sleeping, bathing and swimming, of course). Name badges identify participants as part of 4-H Exploration Days and are used for admission to event activities.
 - Participants are responsible for their own belongings. Valuables, such as expensive jewelry and electronic devices, should be left at home. 4-H Youth Development is not responsible for any lost or missing items.
 - Participants should dress casually, but neatly and appropriately, for the occasion. Shirt and shoes must be worn in eating areas.
- All participants are expected to:
- Attend all the sessions for which they are registered. Attendance will be taken and reported back to the county conference assistant (CCA).
 - Select from and participate in a variety of afternoon and evening programs and leisure activities.
 - Attend all county or floor meetings.
 - Inform their assigned chaperone of their whereabouts.
 - Observe the 11 p.m. curfew on their assigned residence hall floors. County conference assistants and chaperones will do a bed check each night to account for each participant. Everyone should be quiet within his or her assigned room by midnight.
 - Stay in their assigned rooms once assignments have been made and keys issued. Unapproved changes make it difficult to contact participants in emergencies and at bed check time.
 - Understand that a fee will be assessed to participants with lost keys or missing linens.
 - Refrain from yelling out of windows or removing window screens and leaning out of windows or sitting on window ledges. Blinds are to be closed when dressing and after dark.

- Refrain from running in residence halls and classroom hallways.
- Understand that use of roller skates and in-line skates (Rollerblades), nonmotorized scooters, skateboards and similar devices is allowed at your own risk. Use of these devices is restricted to sidewalks. Users may not use bike paths, parking ramps, buildings, gardens or any other posted area, or go on any roadway except while crossing a street within a crosswalk.

MSU Extension staff, county conference assistants and chaperones are responsible for enforcing the rules as stated. Violators who are asked to leave will be sent home at their own expense. These rules are not subject to interpretation and each group is expected to follow them without exception. Our primary consideration is to provide a safe, secure environment for all participants.

I agree to abide by this code of conduct.

_____ Date: _____
Youth or adult participant's signature

I expect my child to abide by this code of conduct.

_____ Date: _____
Parent or legal guardian's signature (for youth under age 18)

Each participant, along with a parent or guardian, must attend a pre-event county orientation meeting. Your county 4-H staff can provide you with the date, time and location of this important meeting.

SECTION 4 - MEDIA RELEASE FORM

Participants are sometimes photographed and videotaped for use in MSU promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name: _____

Signature of Parent/Guardian or of participant aged 18 and up _____ Date _____

SECTION 5 - 4-H OVERNIGHT HOUSING PERMISSION FORM

I understand that my child may be sharing lodging with an unrelated adult (21 or older) who has been through the MSU Extension Volunteer Selection Process and with at least one other young person. By signing this form I give my permission for my child to attend this event under these lodging conditions.

Signature of Parent or Guardian: _____

Date: _____