

YCLS 2018 Registration Form

Name: _____

Registration Type:

- Youth Team Member Assistant Team Leader (Adults ages 19 & 20)
 Adult Team Member MCB/County Assigned Adult Team Leader Discounted Registration

Team Name

Team Name (If different from county name): _____

Contact Phone Numbers

Participant Cell Phone Number: _____

Emergency Contact's Name: _____ Emergency Contact Phone: _____

Roles

Youth Leadership Roles (Select any that apply):

- County Youth Liaison
 County 4-H Council
 County Extension Council Youth
 State 4-H Council
 MCB Youth Advisory Board

Adult Leadership Roles (Select any that apply):

- 4-H Volunteer
 4-H Staff
 Other Extension Staff
 County Extension Council Member
 MCB Adult

T-Shirt Size

T-Shirt Size (adult sizes, included with registration):

- Small Medium Large X Large 2X Large 3X Large

Friday Dinner Options

Please choose the following option if you would like to eat dinner at the Windermere dining hall on Friday Evening. This is an option offered for teams that will not be stopping for dinner prior to arriving at Windermere. There is no additional cost to eat with us; however, we do need a headcount.

- No, I will eat dinner before arriving. Yes, I will be eating dinner at Windermere.

Recreation Options

Please visit the [Youth Civic Leaders Summit Registration Instructions](#) for program descriptions.

You will register for either :

1. The EDGE challenge course (\$25 fee/only 50 spots) AND fill out the permission form below
OR
2. Choose 1 free recreation option AND you will be automatically signed up for Team Building

Choose **one** option below:

- EDGE course \$25.00 *(if you choose this option you MUST fill out the EDGE Permission form)*

Free recreation options:

- Line Dancing
 Hiking/Cave
 Open Gym/Rec Sports

Workshop Options

Please visit the [Youth Civic Leaders Summit Registration Instructions](#) for program descriptions.

Please select your **FIRST** choice of workshop.

- Leadership Development:** The BRAINS to Lead
 Service Learning: The HEART to Lead
 Civic Engagement: The BRAVERY to Lead

Verifications

Communication Information:

- I understand that all communication for this event will come through the email I have provided.

Summit Participant Pledge, Waiver, and Release

As a condition of my participation in the Summit, I agree to the terms of the Missouri State 4-H Code of Conduct. I understand that this agreement is to ensure conduct and behavior that enables every youth and volunteer to receive full benefit of enjoyment and education from this event and is not intended to place undue restriction on any individual. I understand that a violation of the 4-H Code of Conduct may result in me being sent home early and that I may not be eligible to participate in future 4-H activities. I understand that it is my responsibility to participate fully and behave in a respectful manner at all times. I understand that the event organizers, presenters, and sponsors are donating their time and expertise to help participants learn more about leadership and citizenship. I will show courtesy and appreciation to youth and adult participants and presenters throughout the program.

Signature of Team Member: _____

FOR YOUTH REGISTRATION ONLY: I am the parent/legal guardian of the aforementioned Summit youth team member. I agree to waive and release any and all claims arising from or in any way connected with the Summit event and any accident or injury which may occur. This release waives any claims against the group and respective agents. The undersigned parent/legal guardian agrees that, if any claim is pursued on behalf of, or in the interest of the aforementioned delegate, the undersigned will reimburse and indemnify the parties from any and all claims.

Signature of Parent/Legal Guardian: _____



I. RELEASE AND INFORMED CONSENT

Guest's Name: _____ Date(s) at Windermere: _____

Last, First

The undersigned ("the Participant") hereby acknowledges that I have voluntarily applied to participate in **The Edge Challenge Course** and/or **The Forest Wilderness Paintball Experience** at Windermere Baptist Conference Center, Inc.

I am aware that activities related to **The Edge Challenge Course** will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams. The Participant will participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped terrain.

I am aware, understand and acknowledge that activities related to **The Forest Wilderness Paintball Experience** involve risk and I acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Windermere Baptist Conference Center, Inc.; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Windermere Baptist Conference Center, Inc., or by any other person.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the activities are beyond the scope of my capabilities, I will immediately so notify the personnel of Windermere Baptist Conference Center, Inc. and will withdraw from participation.

In consideration of being allowed to participate in **The Edge Challenge Course** and/or **The Forest Wilderness Paintball Experience** at Windermere Baptist Conference Center, Inc., I hereby release and covenant not to sue Windermere Baptist Conference Center, Inc., and any of Windermere's affiliated companies as well as their board of Trustees, officers, staff, employees, owners, agents and any individual or company (the Releasees) assisting, instructing or conducting the activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS

Please read and check your response to each question.

1. Do you have a healing fracture or joint injury? Yes No
2. Do you have any abdominal organ enlargement? Yes No
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.
3. Do you have insect allergies? Yes No
You should have an Epi-pen or other self treatment if you are susceptible.
4. Are you pregnant? Yes No
5. Have you had an organ transplant? Yes No
6. Do you have asthma? Yes No
You should bring your medication with you to the program.

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you.

The above information accurately reflects my current state of health.

SELF-GUIDE FOR DETERMINING PARTICIPATION ON THE EDGE ROPES ACTIVITIES

Information for persons determining participation in ropes course activities. Appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. (Healing Fracture or joint injury) It is suggested that you check with your doctor if in doubt about the activity.
2. (Organ enlargement) You may not wear a harness, but may participate in all other activities.
3. (Insect allergies) Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. (Pregnancy) You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. (Organ transplant) You may not participate where a harness is required.
6. (Asthma) Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

By my signature below, I certify that I have read and understand the contents of this Informed Consent

AND

- have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the activity;

OR

- assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the activities.

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.

Please Print Name of Participant _____

Participant Signature _____ *Date* _____

Parent Signature _____ *Date* _____

Witness Signature _____ *Date* _____

Parent signature required for participants under the age of 18 years old.

=====

Member Information

Email: _____ 4-H County: _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____ Preferred Name: _____

Mailing Address: _____ Mailing Address 2: _____

City: _____ State: _____ Zip Code: _____

Birth Date (MM/DD/YYYY) _____ Gender: Male Female

Member Primary Phone: _____ Correspondence Preference: Mail Email

Member Cell Phone: _____ If you wish to receive notices via text message (list provider): _____

Member Work Phone: _____ Years in 4-H (if any): _____

Parent / Guardian 1 *(Adults--skip to Emergency Contact)*

First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Parent / Guardian 2

First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Work Extension _____ **Address** _____

Address 2 _____ **City** _____

State _____ **Zip Code** _____

Home Phone _____ **Email** _____

Second Household

Send Correspondence No Yes **Correspondence Pref.** Postal Mail Email

Family Name	First Names
Primary Phone	Address
Address 2	City
State	Zip Code
Email	

Emergency Contact

Name _____

Phone _____

Cell Phone _____

Enrollment Demographics (Required to meet 4-H Federal program and funding requirements)

Ethnicity

Are you of Hispanic ethnicity? No Yes

Race

(check all that apply)

- White 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 Name _____

School Type

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

SPIN Club Name: _____

Project(s) Name: _____ Years Enrolled in Project _____

4-H and the University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, genetics information, disability, or status as a protected veteran. For concerns about access or opportunity, contact your local county MU Extension center or call 573-882-9359. The University of Missouri complies with the Americans with Disabilities Act of 1990. If you have a disability and need accommodations in connection with this or any part of the enrollment process, contact your local county MU Extension center or call 573-882-9359. Reasonable efforts will be made to accommodate your needs.

Member Signature _____

Date _____

Parent / Guardian Signature _____

Date _____

Authorizations

Photo Authorization

I authorize the University of Missouri to make pictures and sound recordings of my child/myself and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs.

- I agree
 I DO NOT agree. I understand it will be the child's/my responsibility to not participate in group photos and other occasions where pictures are being taken

Parent/Guardian Signature: _____ Date: _____

Medical Release

If necessary, I approve of officials taking my child/myself, to the nearest healthcare provider for medical treatment. I further understand that, should a health problem arise, I will be notified as soon as possible. If I cannot be reached by phone or other means, I consent to medical treatment, including surgery, as deemed necessary by competent medical personnel.

- I approve medical treatment and my signature below authorizes such treatment
 I DO NOT approve medical treatment (please discuss this decision with 4-H faculty, staff so they fully understand your wishes)

Parent/Guardian Signature: _____ Date: _____

4-H Youth Guidelines

All youth who participate in Missouri 4-H Youth Development programs, which are planned, conducted, and supervised by University of Missouri Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines.

1. Be courteous and respect others.
2. Obey all rules established by the University of Missouri Extension 4-H Youth Development program and those of the local club/group as well as local and state laws.
3. Treat all people fairly and animals humanely.
4. Respect the property of others.
5. Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.
6. Use appropriate language and wear acceptable clothing at 4-H activities and events.
7. Show kindness to others and give assistance when needed.
8. Be honest and honor commitments.
9. Strive for personal best and keep trying to improve.
10. Accept responsibility for personal choices.

We understand and accept the responsibility for following the 4-H Youth Behavior Guidelines. We further understand that failure to do so may result in disciplinary action and forfeiture of participation privileges.

Youth Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Code of Conduct

The mission of the Missouri 4-H Program is to engage youth as valued, contributing members of their communities in partnership with caring adults. The opportunity to participate in and/or volunteer with Missouri 4-H is a privilege and honor, not a right. All youth participants, parents/guardians supporting their child's participation in 4-H, and volunteers are expected to sign the Missouri Code of Conduct before becoming involved with Missouri 4-H. Continued participation in Missouri 4-H is based on individuals meeting the requirements of the program including the Missouri 4-H Youth Code of Conduct and Parent Code of Conduct. For those adults who opt to become a Missouri 4-H volunteer, there is also a 4-H Youth Protection Policy (Code of Ethics for Staff/Volunteers).

The code of conduct applies and will be enforced with 4-H members, 4-H parents and 4-H volunteers as follows:

- While participating in or attending a 4-H sponsored program at the county, regional or national level (e.g. club meeting, project meeting, activity, event, learning opportunity).
- At the county fair while participating in or attending a 4-H event or while on premises used for 4-H purposes (e.g. show ring, exhibit building, barn, food stand).
- At the state fair, other state events, and national 4-H events.

As a Parent/Guardian I will:

- Treat all people and property with respect, courtesy, consideration and compassion. Avoid and prevent putdowns, insults, name calling, swearing and other language or nonverbal conduct likely to offend, hurt or set a bad example (also including interactions in social media platforms).
- Keep informed about 4-H program policies and projects and read materials pertaining to the county 4-H program (oral, written, and electronic).
- Teach and model kindness and compassion for others. Recognize that all people have skills and talents which can be used to help others and improve the community. Teach and foster teamwork and discourage selfishness.
- Practice fair-mindedness by being open to ideas, suggestions and opinions of others. I will make all reasonable efforts to assure equal access to participation for all youth and adults regardless of race, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, gender expression, age, genetic information, disability or protected veteran status. Decisions will be made fairly and treat all individuals and families with impartiality.
- Obey laws and rules as an obligation of being a good citizen. I accept responsibility for the proper treatment and care for 4-H faculty/staff, Extension staff, volunteers, other youth and adults, the program facilities and/or equipment.
- Demonstrate the responsible treatment of animals and stewardship of the environment.
- Model healthy choices. I will not use alcohol or illegal substances (or be under the influence) while working with or participating in any part of the 4-H Program.
- Provide a safe environment for all parties involved in 4-H. I will protect those involved from sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful behaviors.
- I have read, accept and will abide by the full University of Missouri Extension 4-H Youth Development Code of Conduct including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Missouri 4-H. I also understand that infractions of the Missouri 4-H Code of Conduct will result in consequences and that these consequences apply throughout Missouri 4-H. I will accept the consequences determined by University of Missouri Extension 4-H Youth Development.

Parent/Guardian Signature: _____ **Date:** _____

Event Acceptance

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Follow the established agenda and expectations for behavior.
- Use appropriate language and wear acceptable clothing at 4-H activities and events.
- Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

Youth Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Health Form

1) Is this individual's Tetanus immunization current?

- Yes
- No
- Not Sure

Date of last Tetanus Shot Month/Year. _____ (Leave Blank if not current or unknown)

2) Does this individual have any health diagnosis that is important for staff to know in order to maximize participation and ensure safety and well-being?

- No, this individual does not have any relevant health diagnosis.
- Yes, this individual has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.

Health diagnosis details/explanations and suggested accommodations:

3) Does this individual have any specific dietary needs?

- No special food needs or requests for this individual.
- Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian)

Describe all dietary needs details/explanations:

4) Does this individual have any conditions requiring medication?

- No medications are needed by this individual
- Yes, and assistance is needed with medications
- Yes, and assistance is *not* needed with medications

Medication details and explanation:

5) Does this individual have any allergies or reactions to drugs or things in nature?

- No allergies/reactions
- Yes, please describe below:

6) The following are over-the counter, non-prescription, medications may be administered to my child, without contacting me (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Antihistamine (such as Benadryl) | <input type="checkbox"/> Hydrocortisone |
| <input type="checkbox"/> Antacid (such as Tums or Pepto Bismol) | <input type="checkbox"/> Polysportin (topical antibiotics) |
| <input type="checkbox"/> Ibuprofen (such as Advil) | <input type="checkbox"/> Calamine Lotion: |
| <input type="checkbox"/> Acetaminophen (such as Tylenol) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Please contact me for permission to administer any over-the-counter medications. |
| <input type="checkbox"/> Dramamine | |

7) Does this individual have any other health related conditions our faculty, staff or program volunteers should be aware of?

- No other known health related conditions
- Yes, please describe below:

Parent/Guardian Signature: _____ Date: _____

<p>OFFICE USE ONLY</p> <p>County Review By: _____ Date _____</p> <p>State Office Review Date: _____</p>
