

53rd National 4-H Dairy Conference

September 30- October 3, 2007



Delegate and Chaperone Registration Materials & Handbook

 A 4-H YOUTH DEVELOPMENT Program *Sponsored by:*  Cooperative Extension System

Tentative Schedule

SUNDAY, SEPTEMBER 30

1:00-3:00 p.m. Stampin' Good Times – Lowell Center Upper Lounge (Optional)
 2:30-4:00 Registration, Lowell Center – Lowell Center Dining Room
 Room Check-In Lowell Center and Dahlmann Campus Inn Front Desks
 State/Province Photos – Lowell Center Dining Room
 4:00-5:00 Ice Breakers - Lowell Center B-1
 5:00-5:45 Team Meetings (plan presentation/skits) - Lowell Center B-1
 6:15 Pin Exchange - Lowell Center Dining Room
 6:30 Pizza Party, Welcome: Ted Halbach, UW Youth Dairy Specialist; Delegate/Leadership Team
 Orientations - Lowell Center Dining Room
 9:00 Adult Orientation – Lowell Center Lower Lounge
 9:00-10:00 Recreation - Lowell Center Dining Room
 10:00 State/Province Meetings

MONDAY, OCTOBER 1

6:30 a.m. Pick up boxed breakfast, Lowell Center Dining Room
 7:00 Busses depart; breakfast enroute
 7:30 ABS Global tour, De forest
 10:00 Hoard's Dairyman Registered Guernsey Farm, Hoard's Dairyman Magazine, National Dairy
 Shrine Museum, and Nasco International, Fort Atkinson
 12:00 Lunch, Fort Atkinson Congregational Church
 1:00 p.m. Continue Fort Atkinson tours
 4:00 Free time in Madison
 6:30 Dinner and speaker, Lowell Center Dining Room
 7:15 Al Snyder, Hypnotist, Lowell Center Dining Room
 8:30 Recreation - Lowell Center Dining Room
 10:30 State/Province Meetings

TUESDAY, OCTOBER 2

7:00 a.m. Breakfast & Speaker, Lowell Center Dining Room
 8:00 Group Photo behind Wisconsin Union
 8:30-11:30 Seminars
 A. "Who Moved My Cheese?" *David Grusenmeyer, PRO-Dairy Human Resources, Cornell*
 B. "Interviewing Secrets of Success, *Local Human Resources Specialist*
 C. "Science Fun with Dairy Foods", *Dr. Bob Horton, Ohio 4-H Specialist*
 noon Lunch
 1:00 p.m. Tours of replacement heifer farm & organic dairy farm
 2:45 Alternate Tours of replacement heifer and organic dairy farms
 4:30 Tour of Crave Bros. Farm and Crave Bros. Farmstead Cheese LLC, Waterloo
 6:00 Portland Boosters 4-H Club Dinner and dairy cattle linear evaluation, Crave Bros. Farm
 8:00 Recreation (barn dance)
 10:30 State/Province Meetings

WEDNESDAY, OCTOBER 3

6:45 a.m. Breakfast & Speakers, Lowell Center Dining Room
 8:00 Buses depart for UW Agriculture Campus

Seminars (Attend three sessions.)	A. "How to Artificially Inseminate Dairy Cattle", <i>Gary Fredericks, Washington Dairy Agent</i>
Session #1	B. "Dairy Foods Evaluation", <i>Pam Robinson, Indiana 4-H Volunteer Leader</i>
8:30 - 9:20	C. "Marketing Dairy Products", <i>Janis Rtchie, Idaho 4-H Volunteer</i>
Session #2	D. "Doing DNA: De Code of Life", <i>Cheryl Redman, UW Biotechnology Outreach</i>
9:30 - 10:20	E. "Roaming through the Rumen", <i>Dr. Dave Combs, Prof. UW Dairy Science</i>
Session #3	F. "Devel. Comprehensive Herd Mating Strategy", <i>Ted Halbach, UW Dairy Science Outreach</i>
10:30 - 11:20	G. "Forage Crops for Dairy Cattle," <i>Neal Martin, Director of U S Dairy Forage Research Ctr</i>

Noon Lunch at World Dairy Expo, *Speaker: Basil Eastwood, Program Leader, USDA-CSREES, ret.*
 1:00 p.m. Tour World Dairy Expo
 6:30 Dinner & Speaker: *Dan Clark, Motivational Speaker, Lowell Center Dining Room*
 10:00 Farewell Dance: "Jukebox Bandstand"

THURSDAY, OCTOBER 4

7:00-9:00 a.m. Complementary continental breakfast & departure

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Background and History of the National 4-H Dairy Conference

The first 4-H Dairy Conference materialized after Guy C. Noble proposed to the International Dairy Show Committee in 1954 that a program should be specifically designed for 4-H youth involved in dairy achievement projects. Several state 4-H leaders and other Extension staff members, and an American Guernsey Cattle Club Secretary developed the first agenda in 1955. Eighty-five 4-H members and their leaders representing Illinois, Indiana, Iowa, Massachusetts, Michigan, Missouri, New York, Ohio, and Wisconsin gathered for the first conference at Chicago's historic Conrad Hilton Hotel.

The educational strength of the program was apparent from the very beginning. High standards were set at that first meeting that have been maintained in the years to follow. Respected authorities representing all areas of the dairy industry were present as speakers and for informal question-answer sessions. Tours of dairy processing plants, the Chicago Stockyards, numerous exhibits and the International Dairy Show broadened delegates' knowledge. The early days even featured a Dairy Show Parade down the Windy City's famous State Street.

After 15 years in Chicago, the 16th Annual 4-H Dairy Conference opened in Madison, Wisconsin in October 1970 in conjunction with the World Dairy Expo. Madison, famous for its four lakes, scenic beauty, long-standing tradition as the state capitol, and excellent University of Wisconsin College of Ag and Life Sciences, has become the official meeting place for the National 4-H Dairy Conference.

Since its beginning in 1955, approximately 8,500 young people have attended the National 4-H Dairy Conference. This year the tradition continues as 4-H youth from 30 states and provinces meet for educational tours and seminars as well as networking opportunities with national leaders in the dairy industry and with youth from around the U.S.A. and Canada that share similar interests.

The National 4-H Dairy Conference is sponsored and presented by University of Wisconsin-Extension 4-H Youth Development, Cooperating Friends of 4-H and the Dairy Industry, World Dairy Expo, and the National 4-H Dairy Conference Planning Committee.



Purpose of the National 4-H Dairy Conference is to

- provide a means by which various individuals and groups interested in the dairy industry and youth can cooperate to achieve educational objectives based on the developmental needs of youth;
- promote and sponsor an educational program which will provide a better understanding of the operations involved in the production, processing, marketing and use of dairy products, as well as related areas; and
- provide a broader understanding of careers available in dairy production, processing, marketing and other selected areas.

Educational Objectives

To help selected 4-H youth:

- increase their understanding of the dairy industry.
- learn about additional vocational and professional opportunities in the dairy industry.
- practice good citizenship, group participation and leadership responsibilities.
- develop additional individual initiative and competence in areas of special interest and aptitude in the dairy field and related areas.

National 4-H Dairy Conference offers an excellent opportunity to interact with leaders in the dairy industry, UW-Madison dairy science professors, dairy specialists from around the country, 4-H volunteer dairy leaders, corporate representatives and new friends with similar interests from across the U.S. and Canada.

Alumni Comments

- Science Fun with Dairy Foods was great!
- Enjoyed the day, very knowledgeable, many things can be taken back and used in my home club.
- Today was awesome!
- I encourage High School Seniors and College Frosh to attend the excellent interview seminar and network with the speakers for job opportunities.
- I enjoyed all of these activities.
- I have attended many inspirational speakers. Mr. Clark is outstanding!
- I've had a really great time; everyone has come together in one big friendship.
- GREAT PROGRAM!
- It was the experience of a lifetime...



Who can attend

Youth delegates should be selected from outstanding 4-H Dairy Program members who:

- ❖ have participated at least three years in the 4-H Dairy Program, including the current year;
- ❖ are at least 15 but not more than 18 years of age before January 1 of the conference year;
- ❖ have outstanding records of 4-H Dairy accomplishments;
- ❖ have abilities and talents that will enable them to make a real contribution to the conference;
- ❖ have an interest in the production, marketing, processing and use of dairy products;
- ❖ are capable of bringing the inspiration and information back to their state and passing it on to others through talks, reports, news stories, etc.;
- ❖ have not attended the National 4-H Dairy Conference more than two years;
- ❖ are **not exhibiting** dairy animals at this year's World Dairy Expo; and
- ❖ are **not participating** in this year's National 4-H Dairy Cattle Judging Contest.

Chaperones attending must:

- ❖ be at least 21 years old at the time of the Conference;
- ❖ be selected and approved by a state/province dairy leader; and
- ❖ abide by the expectations set forth in the National Dairy Conference Adult Expectation form.

Delegate Responsibilities

Youth selected to participate must be willing to:

- ❖ participate fully in all activities of the program;
- ❖ meet each day with their delegation; and
- ❖ abide by Youth Expectation Statement.



Chaperone Support & Responsibilities

Adult Leaders and Chaperones selected to participate must be willing to:

- ❖ participate fully in all activities of the program;
- ❖ ensure their delegates participate fully in the program and attend all scheduled events;
- ❖ guide their delegation through the day's scheduled events;
- ❖ meet each day with their delegation;
- ❖ help their delegation discuss the programs they attend; and
- ❖ supervise and discipline any delegates as needed.

Registration

Adult and Youth Delegates must complete the "Registration and Lodging Reservation Form" and return it to their state or province contact person. It is the responsibility of the state or province contact person to electronically register the delegation **by August 24**. (All reservations must be submitted to Wisconsin 4-H via on-line registration since the Lowell Center staff CANNOT accept reservations.) No rooms can be held later than September 4 due to hotel reservation restrictions. As a consequence, **no registrations can be accepted after September 4**. A late fee of \$25 per person applies to those registering after Aug. 24.

Send your original signed medical and expectation forms to your State/Provincial Coordinator who will postmark them to UW Extension no later than September 4. **Please note each form contains two (2) pages!** Sorry, no faxed copies can be accepted. Please make a copy or complete and sign a second original form for travel, if needed.

If you have any changes in health or medical prescriptions after submitting the medical form, please complete and bring a Health Update form to on-site registration.

Registration and Lodging Fee

The registration fee of \$275 for each youth and adult delegate covers the costs of conducting the conference, lodging for Sunday, Monday, Tuesday and Wednesday nights in either the Lowell Center or Dahlmann Campus Inn, state/province delegation photo, national delegation photo, conference pin, bus transportation, recreation, and meals. Participants should contact their state or province coordinator regarding payment arrangements.

Cancellation Policy

All cancellations must be **in writing** and sent to Wisconsin 4-H Outreach, 431 Lowell Center, 610 Langdon St, Madison WI 53703-1195; fax: (608) 265-6407; or e-mail peter.nordin@ces.uwex.edu. The late cancellation penalty is the full registration fee of \$275 per person if the cancellation notice is received by Wisconsin 4-H after noon CDT on September 4.

Special Needs Arrangements

If any youth or adult in your delegation has special needs, please contact the Conference coordinator for any special transportation or other needs at kay.hobler@ces.uwex.edu or call (608) 262-1557. Accommodations will be made to the best of our abilities.

GENERAL INFORMATION

Lodging information

All delegates, youth and adult, are required to stay at the conference lodging facilities. The primary lodging facility is the Lowell Center, 610 Langdon Street, Madison WI 53703, tel (608) 256-2621. Any overflow will be assigned to the Dahlmann Campus Inn across the street from the Lowell Center, tel (608) 257-4391. Lodging reservations are made by submitting the "Registration and Lodging Reservation Form" to your state or province contact person who will register the entire state or provincial delegation electronically by August 24. Dairy judging teams may NOT stay at the Lowell Center due to space limitations.

All delegates will be housed with their state or province to the best of our ability. If your state or province has an odd number of delegates, one or two youth may be housed with someone from another delegation. Delegates will share rooms with 1 to 3 other youth. Adults will be housed 2 per room when possible. If someone has special needs, please let us know and we will do our best to accommodate them.

Parking

Very limited parking is available to registered guests at the Lowell Center and at Campus Inn. Buses or large trailers may be parked off-site on other campus lots. For special parking needs, contact UW Transportation Services, 21 North Park Street, Madison WI 53704 (tel 608-263-6666).



Room Check-in upon Arrival

When you arrive, you may temporarily park in the rear of the building while you check in at the front desk. For permission to park a vehicle at the Lowell Center or Dahlmann Campus Inn for the duration of the conference, request a parking permit to place inside your vehicle. After obtaining your room keys, delegation chaperones should come to the Lowell Center Lower Lounge to register and collect conference materials.

On-site registration

Plan to be at the Lowell Center for on-site registration between 2:30-4:00 p.m. Sunday. Come to the conference headquarters in the Lower Lounge of the Lowell Center.

Getting Acquainted Opportunities

Many delegations arrive on Saturday in order to have time to tour area farms and become familiar with the conference setting. Groups often congregate in the Lowell Center Upper Lounge/lobby area, offering an excellent opportunity to become acquainted with other delegations.

Craft fun, sponsored by Idaho 4-H, is offered to early arrivals on Sunday afternoon in the Lowell Center Upper Lounge. Come and join the fun while meeting new friends.

Pin Swap/Trading Items

Most delegates bring state 4-H pins or other small items to exchange with delegates from other states/provinces on Sunday afternoon. Trading serves as a means of quickly meeting and getting to know other delegates. Check with your state/province 4-H office about obtaining pins or get creative and make your own original items.

Representing Your Local 4-H Program

During the conference you may be asked many questions about 4-H, in interviews or in conversation with sponsors and guests at meal functions. Therefore, you should have at your fingertips such information as:

- the 4-H Pledge;
- 4-H enrollment in your county/state/province;
- who conducts the 4-H program nationally and locally;
- how you earned your trip; and
- the name(s) of your sponsor(s).

Reporting Back

Take notes during Conference so you can report to clubs or civic groups and prepare news articles. Those at home will want to share your National 4-H Dairy Conference experience. Seek ways to use the benefits of your experience to aid fellow club members and your community. Your delegation may also use free time and the evening delegation meetings to discuss what they are learning and how it can be shared back home.

Sponsors



Don't forget to write a letter of appreciation to your own sponsor when you return home. Your trip didn't "just happen"; someone was interested enough in 4-H to make the funds available. That "someone" is your sponsor. Don't forget to express your appreciation to your local Extension personnel and volunteer leaders as well.

Corporate sponsors provide over \$30,000 to help defray conference costs for delegates. They include: ABS Global; Alltech; Alta Genetics USA, Inc.; American Dairy Science Assoc.; AMPI; Bou-Matic; Cargill Animal Nutrition; Chicago Mercantile Exchange, Inc.; Cooperative Resources International; Cotton Incorporated; Crave Brothers Farm, Crave Brothers Farmstead Cheese, LLC; Dairy Farmers of America; Foremost Farms USA; Fort Dodge Animal Health; Hoard's Dairyman; Kraft Pizza Co.; Land O' Lakes; Mycogen Seeds; Nasco International, Inc.; National Dairy Shrine; Purebred Dairy Cattle Association (PDCA); Schoep's Ice Cream Co.; Select Sires, Inc.; Shur-Gain; United Dairymen of Idaho; Wisconsin Milk Marketing Board; and World Dairy Expo.

Scheduled tours

A tour of the World Dairy Expo is included in the conference schedule from 1-4 p.m. on Wednesday. If you prefer to spend more time at the Expo, you may wish to extend your visit in Madison. Several farm tours are also scheduled into the Conference. For bio-security reasons, plastic boots will be supplied for you to wear while at those farms.

Transportation during Conference

Transportation to off-site locations will be provided via school bus or coach. Vans are also available for transportation between seminar sites on the ag campus upon request. For special needs, please contact the conference coordinator in advance of the conference to make arrangements.



Group Photos



Individual state/province and national delegation photos will be taken while you are at Conference. You'll receive copies of them on Wednesday evening to take home. You may wish to provide a copy to your local newspaper or state/province dairy leader to include with his/her press release for publication.

Meals

Most meals will be in the Lowell Center Dining Room on the lower level. Sponsors will be present at most meals and will have an opportunity to interact with delegates and chaperones. A few meals will be served off-site while on tour. Generous portions and a variety of foods are offered at every meal.



Special Diet

Vegetarians will find a vegetarian entrée and several options offered at most meals. Please contact the Conference Coordinator for any special dietary needs at (608) 262-1557 or kay.hobler@ces.uwex.edu. Accommodations will be made to the best of our abilities.

Behavior at Sponsored Meals and Events

As a guest of various donors, you will be served several large meals. It is impolite not to eat when you are someone's guest at a meal. If you are not hungry, at least eat some of the basics such as soup, fruits or vegetables. As a guest of various donors, you will be expected to attend all seminars and meals. It is impolite not to attend a function or a meal because you want to do something else.

Telephones



Telephones are available in each guest room; however, room telephones will be turned off between midnight - 6:00 a.m. during quiet time. You will still be able to call the front desk in case of emergency. Calling cards are recommended for least expensive rates if calling long-distance.

Free time options

Tours or special arrangements for your delegation may be possible if arranged beforehand. Your delegation may have some extra time prior to and after the closing of National 4-H Dairy Conference to schedule a group activity at one of the following interesting sites:

- Allen Centennial Gardens, Babcock & Linden Dr. (Horticulture Dept.)
- Babcock Ice Cream (made & sold on campus), 1605 Linden Dr. Also at the Wisconsin Memorial Union.
- Chazen Museum of Art, 800 University Ave.
- Kohl Center (UW Badgers' sports arena), 601 W. Dayton St.
- Madison Children's Museum, 100 State St.
- Memorial Union Terrace, Langdon & Park St.
- Monona Terrace Convention Ctr. (Frank Lloyd Wright design)
- Shopping: State Street, East or West Towne Malls
- State Historical Society Museum, 30 N. Carroll St.
- UW Arboretum, 1207 Seminole Hwy.
- UW Botany Dept. greenhouse, Birge Center, left side of Bascom hill between Langdon St. & University St. on Park St.
- UW Geology/Paleontology Museum, 1215 W Dayton St.
- UW-Madison campus (tours available from the Red Gym on Langdon St.)
- Vilas Park Zoo, 702 S. Randall Ave.
- Walk along the Lakeshore Path (Lake Mendota)
- Wisconsin State Capitol, east end of State St.
- Wisconsin Veterans' Museum, 30 W. Mifflin St.



Insurance

Individual delegates and their families and/or states and provinces are responsible for obtaining health and accident insurance.

Safety and Security Issues: Although the UW-Madison campus and Madison, in general, have low crime rates, we encourage delegates to stay in groups of at least three whenever walking off-site. State Street, only one block from the Lowell Center, is a popular hangout and shopping area for young people. It's fun to visit during free time, but we strongly discourage youth from being there after dark.

Keep your hotel room door closed and locked at all times even when you are in your room. Keep the key with you at all times.

A swimming pool is available on the lower level of the Lowell Center between the hours of 6:30 a.m. and 10:30 p.m. Please note that there is no life guard on duty at any time. Swimmers should never be alone in the pool for safety reasons.

In Case of Emergency at Home

In the event of an emergency at home, any Conference participant may be reached 24 hours/day by calling the Lowell Center front desk (608-256-2621) whose staff will relay a message or locate the conference coordinator upon request.



Emergency

In Case of Health Emergency at Conference

One or more chaperones will be asked to serve as First Aid Assistants during the Conference and will be available during the program for assistance. A First Aid kit is available in the WI 4-H Youth Development Office at 431 Lowell Center or upon request from a Planning Committee member.

For prescription or over-the-counter medications, both a pharmacy and drugstore are located on State Street within walking distance of the conference site. Ask the front desk staff for directions.



If a Conference participant is in need of emergency medical treatment while at Conference, he/she can be taken to the University Hospital emergency room. The contact person listed on the individual's Health Form will be notified immediately. Be sure both the contact's day and night telephone numbers are listed on the Health Form.

Health service is offered at University of Wisconsin Hospital and Clinics, 600 Highland Ave. 608-263-6400. General Information telephone number for the clinic is 608-263-8580 and the hospital emergency room is 608-262-2398. For transportation to the hospital or clinic, ask a Planning Committee member for assistance or call Campus Security at 608-262-2957.

Check-out Policy

Check out time at Lowell Center is at 11:00 a.m. and at Dahlmann Campus Inn it's at 11:00 a.m. Ask at the front desk about luggage storage if you must leave later.



PLANNING INFORMATION

Airport/Travel Safety and Security

Following are some new guidelines that are being strictly enforced at airports. Please read them carefully so that you are prepared when you get to the airport.



Arrive at the airport a minimum of two hours prior to departure. You will need to present a government issued ID (such as a passport, or State ID card, or drivers' license) at check-in. Only ticketed passengers are allowed beyond the security checkpoints.

- Most airlines are now restricting carry-on luggage to one bag, plus purse. Fasten luggage tags on all bags.
- Be prepared for the security check. Wearing metal items (jewelry, belts, etc.) will detain you and your group. Baggy clothes will also slow you down. Please be considerate of others' time.
- No liquids will be able to be carried on, except when in containers less than 3 oz and stored in a clear quart-sized zipper bag.
- You need to remove your shoes at the security checkpoint. (Wear nice socks!!!)
- Remove jackets to put on the conveyor to go through screening.
- Remember, all conversation is taken seriously by airport security – no jokes or comments about illegal substances, weapons, etc.
- You will not be able to leave your seat for one-half hour before landing. Be prepared for that announcement and use the restrooms prior to that time.
- For up-to-date flight safety information, visit www.faa.gov.

Travel

Travel dates: Please plan to arrive at the Lowell Center before 4:00 p.m. on Sunday, September 30. Note for delegates traveling with National Dairy Judging Contest contestants: their event is scheduled for Monday, October 1, 2007.

Flight arrangements: You have several choices of destination airports: Dane County Regional Airport is located on the north side of Madison, 25 minutes from the Lowell Center. It may be more economical to fly into Chicago or Milwaukee than into Madison, making the connection via bus.

Van Galder Bus from Chicago: Van Galder Bus Company offers shuttle buses from O'Hare Airport and Midway Airport to Madison (\$26 and \$28 respectively, one way). The bus stops at O'Hare and Midway terminals and at the Memorial Union in Madison, 800 Langdon Street, just 1½ blocks west of the Lowell Center. The bus ride is approximately three hours long. Call 1-800-747-0994 for current schedules and fare information or visit their website at www.vangalderbus.com.

Badger Bus from Milwaukee: Badger Bus Company offers shuttle buses from Mitchell International Airport to Madison for approximately \$20 one-way or \$34 round trip. The bus departs outside the lower level, at Northwest baggage at 9:30 a.m., and at 12:00, 2:30, 5:00, and 7:30 p.m. for a 1½-2 hour ride to the Memorial Union in Madison, 800 Langdon Street, just 1½ blocks west of the Lowell Center. Call (414) 276-7490 for current schedules and fare information or visit their website at www.badgerbus.com.

Greyhound bus: If you arrive by Greyhound bus, disembark at the Madison Greyhound terminal at 2 South Bedford St. and take a taxi to the Lowell Center. Call 1-800-231-2222 for current schedules and fare information or visit their website at www.greyhound.com.

Shuttle Between the Madison Airport and Lowell Center

States/provinces must make their own travel arrangements between Dane County Regional Airport (Madison) and the UW-Madison campus conference site. You may wish to coordinate your trips with other states/provinces. Listed below is information regarding some available taxi/shuttle service options. All costs are approximate and are subject to change.

- 1) Madison Taxi: 608-255-8294 – This taxi service will accept reservations for airport and bus terminal service. Taxi cabs will be standing by for small groups at the airport. Up to four persons may ride in a single cab for approx. \$16 PER CAB. Otherwise a minivan will hold up to 7 passengers (\$19 PER VAN). A full sized van will hold 14 passengers (\$75 per first hour per van [one hour minimum]; \$60 per hour thereafter...needs to be reserved, even just 1-2 hours ahead.) Visa, MasterCard, American Express, and Discover cards accepted.
- 2) Union Cab of Madison: 608-242-2000 – Standard meter service. Four (4) person per car maximum. Metered but \$17 per trip per cab. Would probably not have enough cars available at one time to take a group of 20 or so. However, limited van service is available at the standard meter cost. Accepts all major credit cards including Visa, MasterCard, American Express, and Discover.
- 3) Badger Cab Shared Ride Service: 608-256-5566 – Airport to Lowell \$10.25 for 1 PERSON and \$1 each extra PERSON up to 4 people maximum as long as all 4 people are in the same group. If specifically want Badger Cab, call for an approximate pick up time. Badger Cab does not have any vans. Cash only, no credit cards. NOTE: “Shared ride” indicates that if the cab is not full, the cab may stop and pick up additional passengers on the way to your destination.

Weather

Wisconsin's weather is highly variable in early autumn. First frost usually occurs between September 15 and October 1. (Peak season for fall colors around Madison is approximately October 7-15.) Expect evening temperatures of 30°-60° F. and daytime temperatures of 50°-70°F. Rain is possible but snow is unlikely. A light jacket will be necessary and layered clothing is recommended.



Money



All meals from Sunday dinner through Thursday breakfast and off-site transportation during Conference are included in your registration fee. However, you may need money for airport parking or cab service in your home state or province, meals during travel days, shuttle service between Dane County Regional Airport and the Lowell Center, souvenirs, pizza, or for pre- and post-conference expenses if you are coming early or staying late.

Cameras

If you bring a camera, please label it and your rolls of film with your name and state or province. We advise you not to bring expensive equipment. Never leave your camera or valuables unattended in your room. A delegation photo and national conference photo will be given to you on Wednesday evening.



Packing tips

- A rolling suitcase is handy but you won't need to carry luggage very far so duffles, carry-ons or garment bags will not pose problems.
- Put nametags on all luggage.

- Label camera and film with your name and state/province.
- Place bottles that might leak (shampoo, lotions) in zip-lock bags. Don't bring glass bottles.
- Don't bring valuable jewelry or cameras.

Checklist

- camera (not expensive), labeled w/your name & state/province
- comfortable but nice shoes for walking outdoors (plastic boots will be supplied on farms)
- contact solution, if needed
- copy of your health form to carry with you during travel
- film, labeled w/your name & state/province
- jacket
- money or traveler's checks
- nightwear, lightweight bathrobe and slippers or flip-flops (4/room lodging; private bath)
- pen or pencil for making notes
- personal business cards for trading (optional)
- personal toiletries
- prescriptions that you'll need
- raingear
- sheet music if you like to play piano for fun during free time (optional)
- small trade items that are provided or you make, buy or solicit locally (for Pin Exchange)
- snack or sack meal for an airline flight since meals are no longer included in airfare.
- swimsuit (optional. Swim at your own risk; no life guard on duty at the Lowell Center.)
- telephone calling card (optional)
- wristwatch (alarm clock and wake-up calls available on-site)



What not to bring

You do not need to bring an alarm clock, iron, blow dryer, linens or towels all of which are provided by the Lowell Center and Dahlmann Campus Inn. Don't pack anything sharp in your carry-on bag, such as nail file, nail clippers, scissors, pocket knife, tweezers with sharp points, or razors which will be confiscated by airport security personnel. Electric shavers are acceptable in carry on luggage.

National 4-H Dairy Conference Dress Code

A dress code is in effect during the conference. You should be well groomed and appropriately dressed for all occasions. You will be in contact with sponsors/donors throughout the conference and will want to represent 4-H in the best possible way. Our best advice is to select a complimentary wardrobe with individual pieces that can be worn several times.

Bring comfortable shoes, light jacket, and raingear. You can bring a swimsuit but you would swim at your own risk in the indoor pool available at the Lowell Center; there is no lifeguard on duty.

What is not allowed?

Caps or hats are not allowed to be worn inside a building or a tent. Spaghetti straps, bare midriffs and other revealing attire is not allowed. Skirts and shorts must be longer than finger-tip length when arms are at your sides. Tops and bottoms must meet when arms are raised overhead. Clothing printed with objectionable logos, language and inappropriate, tobacco or alcohol advertising is not allowed, nor is torn and very faded clothing. Jackets identifying other youth organizations and awards received from other organizations are not appropriate. Chaperones, at their discretion, may ask delegates to change clothing if attire is inappropriate.

Definitions of appropriate attire:

- **Casual:** *well maintained jeans, plain T-shirts without logos, slogans, etc.*
- **Conservative casual:** *t-shirts & blue jeans are not acceptable; other colored jeans are ok; polo shirts or shirts w/collars & slacks recommended; nice slacks for girls. Skirts might not be your preferred choice for daytime. Comfortable but well maintained shoes recommended for walking outdoors.*
- **Conservative dress-up:** *slacks or colored jeans, and dress coat and tie for boys; dress, or top and skirt or dress slacks for girls (blue jeans are not acceptable, but other colored jeans are ok).*

Activity and appropriate attire:

Sunday afternoon	<i>Casual</i>
Sunday delegation photo	<i>Conservative dress-up, optional. (per state delegation)</i>
Sunday evening recreation	<i>Casual</i>
Monday all day & evening	<i>Conservative casual (Plastic boots supplied for farm tours.)</i>
Tuesday all day & evening	<i>Casual (Plastic boots supplied for farm tours.)</i>
Wednesday breakfast	<i>Conservative casual</i>
Wednesday Expo & lunch	<i>Conference t-shirt over casual</i>
Wednesday dinner	<i>Conservative dress-up</i>
Wed. farewell dance	<i>Casual</i>

Seminar Descriptions and Registration

Tuesday and Wednesday mornings will be filled with fun, educational hands-on, interactive seminars taught by dairy or biotechnology leaders, specialists and professors. All delegates and chaperones must participate and attendance will be taken.

Several seminars will be held concurrently Wednesday morning and will be offered three times (8:15-9:05, 9:15-10:05 and 10:15-11:05) so participants will attend three different seminars. Seminar titles and descriptions follow. Rank these eight seminars in the order of interest on your registration form, with the most preferred seminar being #1 and the least preferred seminar being #8. Every effort will be made to accommodate preferences to the best of our ability considering space allotments.

A. "How to Artificially Inseminate Dairy Cattle"

Basics of cattle reproduction and artificial insemination (AI) will be introduced. Participants will have a hands-on opportunity to practice AI techniques. Participants will learn to perform AI using bovine reproductive systems from a local slaughterhouse. If you object strongly to participating in this seminar, it should be noted as your last preference on your registration form.

B. "Dairy Foods Evaluation"

Participants will experience a hands-on style workshop by tasting dairy products to study quality. They will compare the relationship of the quality of what they produce on the farm and the final consumer product's quality. There will also be an opportunity to visit the Babcock Center Dairy Store.

C. "Marketing Dairy Products"

What happened to the clever "Got Milk?" ads on TV? Why spend advertising money on research? innovation? analysis of market trends? You'll find the answers to these and other marketing questions you may have in this seminar. Then you'll be given a marketing challenge and time to develop and present a creative solution to it. Tasting new products is a MUST in solving your challenge!

D. "Doing DNA: De Code of Life"

Explore how DNA works to encode the genetic information of life. You'll get to extract DNA from wheat germ and use the tools of biotechnology, micropipettes, to conduct an experiment involving the first food product of biotechnology, chymosin. You will then tour labs where DNA is synthesized and sequenced, then get a preview of genomics, the science of sequencing and mapping all the genes of an organism.



E. "Roaming through the Rumen"

Get hands-on experience in understanding the dairy cow as a ruminant. A fistulated cow will provide you with an opportunity to examine a rumen through a viewing window. This is your chance to actually reach inside the rumen of a dairy cow to explore how it works.



F. “Developing a Comprehensive Dairy Herd Mating Strategy”



Presentation of the basic concepts and elements needed to devise a successful dairy herd mating program. This seminar will include interactive discussion using the Holstein Association USA Red Book Plus and hands-on computer experience with Multi-Mate software programs.

G. “Forage Crops for Dairy Cattle”

Explore forage crops of varying nutrient compositions, test the crops, see research methods for analyzing them and view a demonstration of forage use in dairy cattle diets.



Leadership Team Participation & Preferences

While at National 4-H Dairy Conference, you will be a member of a Leadership Team comprised of delegates. As a team member, you will take an active part in the operation of the conference and work closely with an Adult Advisor and other team members to provide daily news and weather updates, recognize and introduce sponsors, assist with hospitality and transportation details, lead recreational activities, host meals or a judging contest, or take photos and help create a PowerPoint re-cap of the conference.

Eight leadership teams will work together to ensure a smooth running conference. Leadership team titles and descriptions follow. Rank these eight teams in the order of interest on your registration form, with the most preferred team being #1 and the least preferred team being #8.

1. Press
2. Recreation/Fitness
3. Hospitality
4. Transportation
5. News and Weather Reports
6. Head Table
7. Sponsor Appreciation
8. Dairy Cattle Linear Evaluation



Following is a description of each team's duties.

1. Press

Responsibilities

- Take digital photos of people and activities throughout the conference.
- Assist Press Team Director with developing a presentation of conference highlights that will be shown on the final evening of the conference.

Desired Interests and Skills

- Interest in developing a virtual record of the conference.
- Digital photography skills.

2. Recreation/Fitness

Responsibilities

- Organize and lead morning Fun Runs.
- Communicate health and safety tips to delegates. Assist Recreation Director with planned activities.

Desired interests and skills

- Interest in sports, health.
- People skills.



3. Hospitality

Responsibilities

- Greet sponsors when they arrive.
- Greet attendees at each meal and check all nametags.
- Place Sponsorship signs prior to each meal.
- Photo of the sponsor/speaker with the sponsorship sign and/or delegates.
- Place any handouts on dining tables 15 min. prior to meals.
- Welcome sponsor/speaker.

Desired interests and skills

- Interest in meeting and interacting with people.
- Organizational, planning and people skills.

4. Transportation

Responsibilities

- Busing instructions at assemblies.
- Serve as Assistant Bus Coordinator.
- Introduce tour schedule and background on the bus.
- Help load snacks/water on busses.

Desired interests and skills:

Interest in meeting and interacting with people.
Organizational, planning and people skills.



5. News and Weather Reports

Responsibilities

- Provide participants with a current weather forecast each morning.
- Provide participants with daily current events report, especially those events specific to the conference.

Desired interests and skills

- Interest in current events.
- Public speaking skills.

6. Head Table

Responsibilities

- Master of Ceremonies (MC).
- Lead 4-H Pledge and Pledge of Allegiance.
- Lead invocation.
- Announcements
- Interview and introduce sponsor/speaker.
- Present the sponsor/speaker with a conference thank you gift.

Desired interests and skills

- Interest in meeting and interviewing people.
- Public speaking and digital photography skills.

7. Sponsor Appreciation

Responsibilities

- Prepare Thank You packets for delegates.
- Prepare Thank You card information in skit form at the delegation orientation program Sunday evening.
- Make sure Thank You cards to our generous sponsors are completed by **all** conference delegates.
- Help other delegates with their Thank You cards if need be.
- Approve acceptable Thank You cards.
- Check off delegates who have completed Thank You cards so they will be admitted to the farewell dance.

Desired interests and skills

- Good composition and writing skills.
- Willingness to help others succeed.
- Work well with out constant supervision.

8. Dairy Cattle Linear Evaluation

Responsibilities

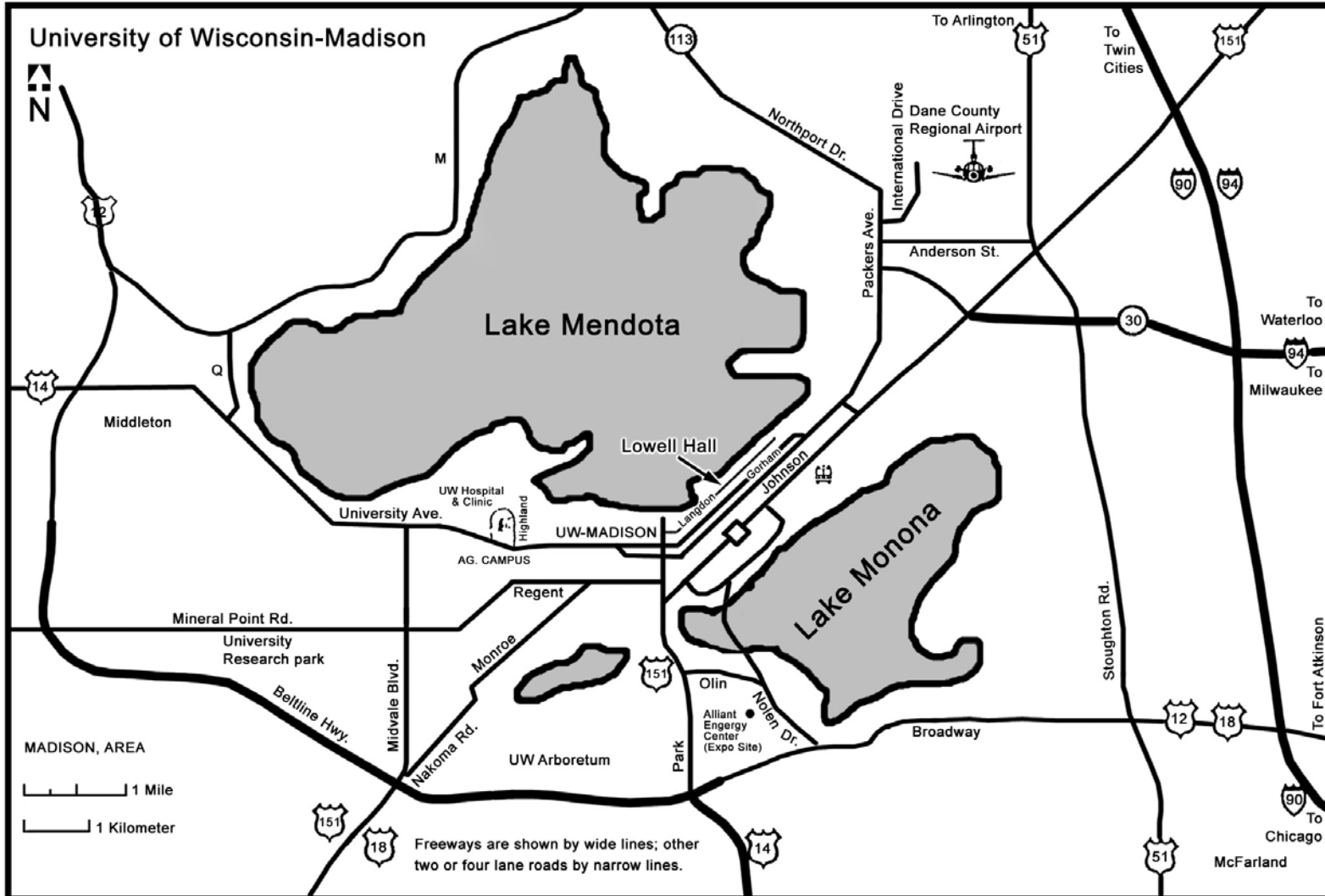
- Assist with demonstration.
- Assist with scoring.

Desired interests and skills

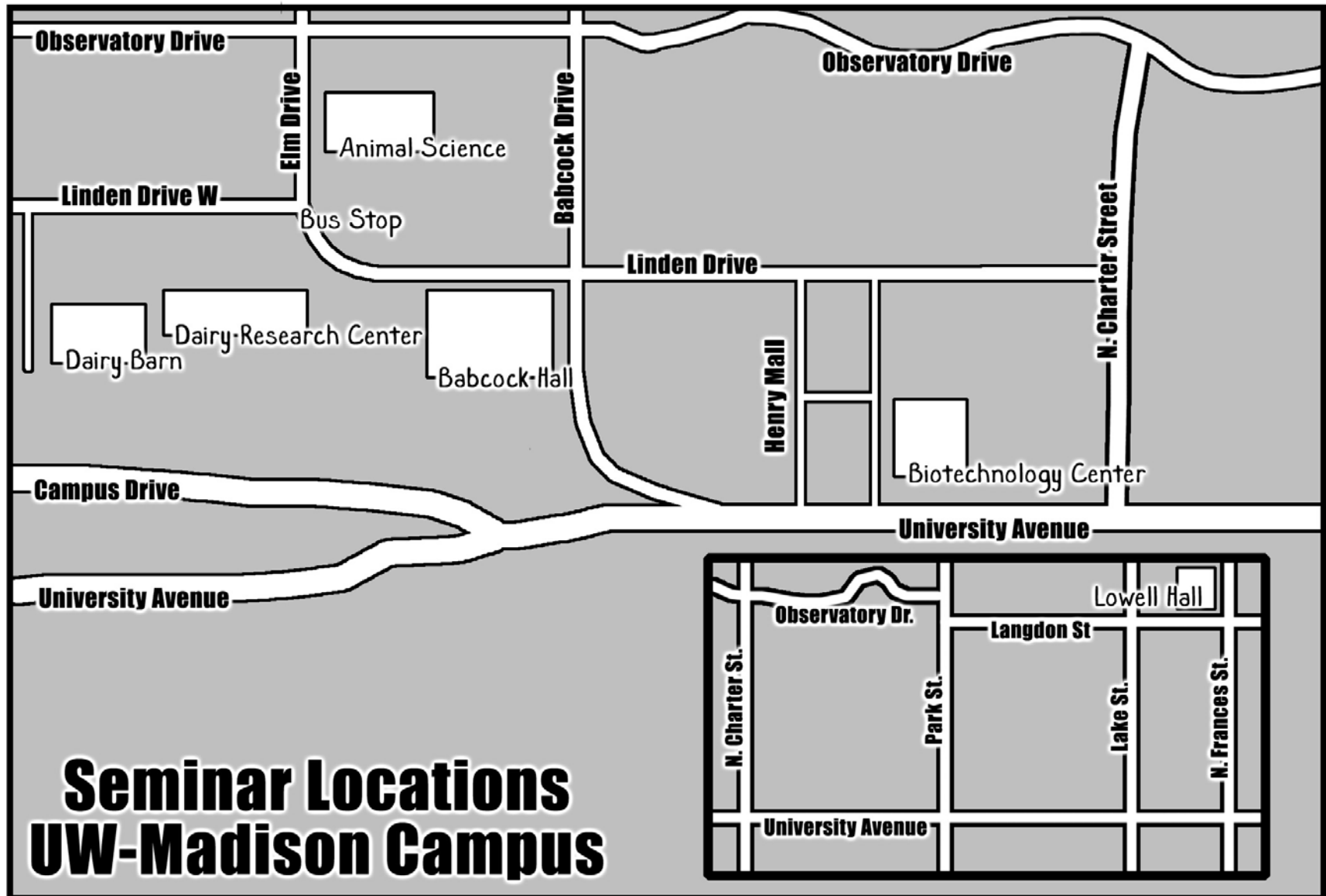
- Understanding of judging process.
- Organization and public speaking skills.



Madison Area Map



University of Wisconsin Madison Campus Map



Name _____ State/Province _____

(Print clearly.)

EXPECTATION STATEMENT FOR ADULTS ACCOMPANYING YOUTH TO NATIONAL 4-H DAIRY CONFERENCE

September 30- October 3, 2007

University of Wisconsin- Madison

Capable caring adults play important roles in the lives of youth involved in UW-Extension Programs. This expectation statement acknowledges the need to provide the safest environments possible for youth.

This form applies to all adults, paid staff and volunteers, accompanying youth on an UW-Extension-sponsored trip or event. The adult, by signing this form, agrees to conduct herself/himself in a responsible manner and abide by all expectations as stated below.

Adult Responsibilities:

1. The adult agrees to accept supervision and support from salaried Extension staff or designated management volunteers.
2. The adult will consider herself/himself the youth's support person.
3. The adult will enforce all written and signed behavior expectations established for youth participation in the event. This will include room checks, when appropriate.
4. The adult will keep health and insurance information available as may be needed in handling emergency situations.
5. The adult will not dispense medication, or anything relating to the physical or mental health of the youth, unless specifically directed in writing by the parent or guardian. The adult should be aware of any medications to be taken by youth.
6. In an emergency situation, the adult will act in the best interest of the youth. Seek assistance from an event coordinator, professional staff, medical and/or law enforcement personnel as needed.
7. The adults should provide the youth with information on how they can be reached, and should be accessible to consult with youth participants when needed.
8. In the case of inappropriate youth behavior, the adult will consult with local and/or home county contacts in determining appropriate disciplinary action.
9. The accompanying adult will participate in assigned activities and assist with tasks as needed.
10. The adult will not ignore situations involving bullying, hazing or harassment, or fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
11. The use of illegal drugs is not allowed during the entire trip or event.
12. The possession and/or use of alcohol is not allowed during the entire trip or event.
13. The use of any form of tobacco should be avoided in the obvious or known presence of youth.
14. Sexual contact of any type with youth is strictly forbidden. Any behavior considered in violation of the Wisconsin child abuse and sexual assault laws are grounds for suspension of affiliation until investigation is completed.
15. Swearing, cursing and abusive language is not condoned.
16. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with youth, only with a valid operator's license and the legally required insurance coverage.
17. The adult will observe the curfew hour. The adult is expected to remain in the dormitory during curfew hours.
18. The adult will make contact with each youth he/she has assumed supervision responsibility for at least twice a day.

(over)

Enforcement:

1. Allegations should be written and signed.
2. The person or group responsible should investigate the charge to determine what type of action is needed.
3. An executive committee of National 4-H Dairy Conference Planning Committee members will determine action for failure to meet expectations.
4. Home state/province 4-H staff will determine action for failure to meet the expectations for volunteer staff.
5. The county office chair will receive complaints and determine action for state/province staff.

Support for Adults Accompanying Youth on UW-Extension-Sponsored Trips/Activities:

1. Orientation will be provided.
2. Youth taking part in overnight activities will submit a signed Expectation Statement that they understand the rules and the roles of the accompanying adult(s). Youth will be required to submit a health form that includes information on any special needs, medication to be taken, and how to contact a parent or guardian.

Adult Leader's Statement of Agreement

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to U.W.-Extension to use such images of this participant without any expectation of compensation.

Signature of Adult Leader

Date

**Participants: submit completed original form to
your State/Provincial Coordinator by _____**

State/Provincial Coordinators:

A copy of this form must be provided to the chaperone prior to travel to National 4-H Dairy Conference.

Postmark the original form by September 4, 2007 to

Wisconsin 4-H Outreach, 431 Lowell Center, 610 Langdon St., Madison WI 53703-1195

ADULT HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

Attach photo here with name on back.

NATIONAL 4-H DAIRY CONFERENCE September 30- October 3, 2007 University of Wisconsin - Madison

This information is confidential and necessary for proper care by staff advisors and medical personnel. Information must be legibly printed in black ink or typed. Do not leave empty blanks; enter N/A if not applicable.

Participant Information:

Last Name _____ First name _____ MI _____
Address _____ City _____ State _____ Zip _____
Birth Date _____ Height _____ Weight _____ Female Male

Health: Have you experienced any of the following illnesses/injuries/diseases/disorders/problems or symptoms? If you check "yes" to any of the following, **enter the details below** including diagnosis, treatment, date of illness or injury, name of hospital, name of physician and telephone number. Continue on reverse side of page, if necessary.

YES	NO	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to bee stings. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to dyes (red dye, food coloring). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to environmental factors (pollen, mold, dust, hay fever). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to foods: Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to latex. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to medicines including penicillin, tetanus, etc. Explain _____ How do you react to the(se) allergy(ies)? _____ Normal treatment? _____
<input type="checkbox"/>	<input type="checkbox"/>	Bladder or bowel control problems. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or hypoglycemia (low blood sugar). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders (anorexia, bulimia or other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Emotional or mental (reaction to stress, frequent anxiety, excessive fears, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Exposure to a contagious or serious disease recently. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Eye or ear (color blindness, peripheral vision, depth perception, near or farsightedness, ear infection, impaired hearing or other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney or gall bladder. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Limiting physical conditions (sitting, standing, walking). Is special equipment or assistance needed? Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal (arthritis, recent fractures, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Nervous system (breakdown, convulsions, dizziness, epilepsy, loss of consciousness, paralysis, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Nose or throat (thyroid, lymph nodes, carotid arteries, other). Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Reproductive (menstrual difficulties, other). Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory (asthma, persistent/chronic cough, abnormal chest x-ray, tuberculosis, or any other lung problems). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin (rash, other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Sleep (sleep apnea, sleepwalking, recurrent nightmares, other). Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver or intestinal (ulcers, jaundice, hernia, colitis, indigestion, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Surgical operations, accidents or injuries in the past 2 years. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Vascular and blood (anemia; Hepatitis B or C; hemophilia, HIV positive; HBV; migraines, nosebleeds, transfusions, unconsciousness/fainting, other). Explain _____ (over)

Continued explanations of "yes" answers:

Dietary needs/restrictions: _____

General attitude/mood/alertness (shyness, energy level, cooperation) _____

Immunizations -- list dates of last vaccines:

Hepatitis _____ Influenza _____ Tetanus _____

Medications:

List all prescriptions/non-prescription medications participant will require during the program, listing dosages, time medications are taken, and sensitivity to them: _____

Social habits (smoking or chewing tobacco, alcohol consumption, illicit drug use) Explain: _____

Insurance information:

Insurance Co. _____ Policy Number _____
Address _____ City _____ State _____ Zip _____
Telephone number: _____

Physician information:

Family Physician or Clinic _____ Phone (_____) _____
Date of last medical examination: _____ Is participant under a doctor's care now? yes no

Emergency Contact:

Last Name _____ First name _____ MI _____
Address _____ City _____ State _____ Zip _____
Day phone (_____) _____ Evening phone (_____) _____
Relationship _____

Alternate contact in case of emergency:

Name _____ Relationship _____
Day phone (_____) _____ Evening phone (_____) _____

I understand that failure to provide complete information on this health form could hinder staff's ability to provide adequate care and could result in termination of my participation in this event.

*I consider my health to be: Excellent Good Fair Poor. I believe that I can **safely participate** in this program. I further declare that I have no physical, mental, or communicable conditions that will interfere with participation in this program.*

I will notify the WI 4-H Youth Development Office of any changes in health or prescriptions between now and departure. I understand that if a serious illness or injury develops, medical and/or hospital care will be given but Wisconsin 4-H and program staff are not responsible in case of accidental injury or illness. The person noted above will be notified as soon as possible in case of medical emergency while I am participating in this program. If a medical emergency arises, I give permission for emergency treatment or surgery as recommended by an attending physician. I agree to cover cost of prescriptions and emergency transportation to medical facilities or home, if necessary.

Signature _____ **Date** _____

**Participants: submit completed original form to
your State/Provincial Coordinator by _____.**

State/Provincial Coordinators:

A copy of this form must be provided to the chaperone prior to travel to National 4-H Dairy Conference.

Postmark original form by September 4, 2007 to

Wisconsin 4-H Outreach, 431 Lowell Center, 610 Langdon St., Madison WI 53703-1195.

2007 National 4-H Dairy Conference Youth and Adult Health Update

To be completed immediately prior to Conference for health changes since submitting your medical form.

(IF THERE ARE NO CHANGES, THIS FORM IS NOT NEEDED)

This information is required for your safety and will be shared with emergency medical personnel.

1. Original health forms were submitted in August. Since then, have you incurred an illness or injury that required hospitalization? Yes No

Nature of illness or injury _____

2. Have you been exposed to any communicable disease within the two weeks prior to departing for National 4-H Dairy Conference, such as mononucleosis, hepatitis, chicken pox, influenza, etc.?

Yes No

Type of illness _____

3. List all prescriptions and medications you will bring to National 4-H Dairy Conference.

Medication	for:	Special instructions:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delegate name _____ (print) _____ (State)

Delegate signature _____ Date _____

Parent/Guardian signature _____ Date _____

**Bring this form with you to National 4-H Dairy Conference to give to your chaperone
(only if there have been changes in your health or medication status).**

~~~~~  
**Chaperones: bring to Conference at registration on Sunday, September 30, 2007.**



Name: \_\_\_\_\_ State/Province \_\_\_\_\_

## National 4-H Dairy Conference Youth Expectation of Conduct Form

**September 30- October 3, 2007**

**University of Wisconsin- Madison**

This form applies to all youth on UW-Extension sponsored trips or events. The youth, by signing this form, agrees to conduct him/herself in a responsible manner and abide by all expectations as stated.

### **Youth responsibilities:**

1. Attend and participate in program orientation; prepare for the program in advance.
2. Be on time and participate in all scheduled sessions including workshops, recreation, evening activities and delegation meetings. Those not feeling well or having a schedule conflict must inform an adult leader.
3. Bring back ideas and experiences to share with county's youth and/or adult leader groups.
4. Cooperate with the adult advisors' and program staff's leadership. Contact the adult advisor in regard to any conflict or problems during the event.
5. Show respect and courtesy for programs and speakers in progress by remaining for the entire program and be courteous when taking flash photos during speeches and entertainment.
6. Be respectful of public property and the facilities used during the activity or event. Be responsible for your own property.
7. Behave in accordance with applicable federal, state and municipal laws.
8. Behave in ways that are acceptable to other delegates, adult advisors and hosting organizations and uphold high standards for the group by respecting the ideas, abilities and bodies of others. Use of language and gestures found to be objectionable to others is not permitted.
9. Refrain from participating in initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.
10. Remain on the premises or assigned program area throughout the program; unauthorized absence is not permitted.
11. Visiting or leaving the premises with non-registered persons is discouraged. Adults in charge must be notified in advance by the participant's parent/guardian if guests are expected.
12. Refrain from driving any vehicle during the event without expressed permission of the group advisor.
13. Wear program nametag to all program activities unless removal is specified. Use good judgement in selecting clothing appropriate for weather and occasion, abiding by any established dress code. Clothing that is revealing or with obscene language/pictures or with drug, tobacco or alcohol advertising is never allowed.
14. Abide by the lodging assignments for the entire event for easy location in emergency. No room switching is allowed.
15. Abide by established written curfew and quiet times or by adult advisor's spoken word. (Curfew means being in the assigned room with the lights out.) Be quiet and considerate of others when they wish to sleep. Do not order food to be delivered after curfew.
16. Respect the privacy of others. Visiting sleeping rooms of any member of the opposite sex is forbidden.
17. Youth are encouraged to interact with all members of the group and not pair up with another person. Necking, kissing and other displays of personal affection are in poor taste and will not be tolerated. Refrain from all sexual activity during the program.
18. Possessing, using and/or being in the presence of alcohol, tobacco, fireworks, weapons, illicit drugs or medication(s) unapproved by program staff will result in disciplinary action for the offender(s). Adult advisors must be informed of all prescription medications present during the program.

### **Participants and their families understand the adult chaperone's role is:**

1. To serve as an advocate for the participants;
2. To maintain regular contact with participants to monitor health, attitude, problem situations, behavior, etc.;
3. To be aware of all prescription medication but do not dispense medication;
4. To make appropriate decisions in emergency situations to enhance the health and well-being of the participants;
5. To have responsibility to determine the occurrence of inappropriate behavior and take appropriate actions as follows.

(over)

**Chaperones will take the following steps for violations of this Expectation Agreement:**

1. Counsel involved participants to reach an understanding and stop the inappropriate behavior;
2. Take disciplinary actions at the time of occurrence. This will not include physical punishment but might consist of restriction of privileges, restriction to an assigned area, apology to the group, additional duties, etc.;
3. Inform parents and local Extension personnel of misbehavior at time of occurrence if chaperone feels severity of situation warrants such immediate notification; and
4. When the infraction is serious, decide as part of a committee of at least two adults to remove a participant from the program and send him/her home immediately. (Participants removed from the program will wait for transportation at the General Headquarters or other area designated by program representatives.)
5. Write a letter describing disruptive behavior to be sent to the participant's parents, the WI 4-H Youth Development Office and the county 4-H office within ten (10) days after the event concludes.

**Consequences of disciplinary action:**

1. Families of participants removed from the program will be responsible for the participants' transportation, including bus/plane fares and supplemental "Unaccompanied Child" fares or expenses for a chaperone. Event registration, lodging or other participant fees will not be reimbursed.
2. If damage/destruction of property occurred, participants will be assessed for the cost of damages and repairs.
3. Participants removed from the program may be required to relinquish all funds donated to help meet his/her financial obligations for the event.
4. Youth who do not follow the guidelines in this Expectation Agreement while participating in a 4-H event may be required to appear before a county Disciplinary Review Committee in addition to consequences that occur during the event.
5. Disciplinary action may result in restricted opportunity to participate in future 4-H related activities for the involved members.
6. Youth who break public laws will be dismissed from the program and will be subject to legal action by law enforcement authorities.

**Youth Statement of Agreement:**

I have read and understand this Expectation Agreement and will abide by it.

\_\_\_\_\_  
Youth Participant's Signature

\_\_\_\_\_  
Date

**Parent/Guardian Statement of Agreement:**

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to U.W.-Extension to use such images of this participant without any expectation of compensation.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Address and telephone where parent or guardian can be reached during this program:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Night phone: \_( \_\_\_\_\_ ) \_\_\_\_\_

**Participants: submit completed original form to  
your State/Provincial Coordinator by \_\_\_\_\_**

**State/Provincial Coordinators:**

**A copy of this form must be provided to the chaperone prior to travel to National 4-H Dairy Conference.**

**Postmark original form by September 4, 2007 to**

**Wisconsin 4-H Outreach, 431 Lowell Center, 610 Langdon St., Madison WI 53703-1195**

# YOUTH HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

**Attach photo here with name on back.**

## NATIONAL 4-H DAIRY CONFERENCE September 30- October 3, 2007 University of Wisconsin - Madison

This information is confidential and necessary for proper care by staff advisors and medical personnel. Information must be legibly printed in black ink or typed. Do not leave empty blanks; enter N/A if not applicable.

### Participant Information:

Last Name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  Female  Male

**Health:** Has this delegate experienced any of the following illnesses/injuries/diseases/disorders/problems or symptoms? If you check "yes" to any of the following, **enter the details below** including diagnosis, treatment, date of illness or injury, name of hospital, name of physician and telephone number. Continue on reverse side of page, if necessary.

| YES                      | NO                       | CONDITION                                                                                                                                                            |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to bee stings. Explain _____                                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to dyes (red dye, food coloring). Explain _____                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to environmental factors (pollen, mold, dust, hay fever). Explain _____                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to foods: Explain _____                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to latex. Explain _____                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to medicines including penicillin, tetanus, etc. Explain _____<br>How does this person react to the(se) allergy(ies)? _____<br>Normal treatment? _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | Bladder or bowel control, bedwetting. Explain _____                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes or hypoglycemia (low blood sugar). Explain _____                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders (anorexia, bulimia or other). Explain _____                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional or mental (severe homesickness, reaction to stress, frequent anxiety, excessive fears, etc.).<br>Explain concern and suggested method of handling it _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Exposure to a contagious or serious disease recently. Explain _____                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye or ear (color blindness, peripheral vision, depth perception, near or farsightedness, ear infection, impaired hearing or other). Explain _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.).<br>Explain _____                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney or gall bladder. Explain _____                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning or attention disorders. Explain _____                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Limiting physical conditions (sitting, standing, walking). Is special equipment or assistance needed?<br>Explain _____                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular/skeletal (arthritis, recent fractures, etc.). Explain _____                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous system (convulsions, epilepsy, dizziness, etc.). Explain _____                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Nose or throat (thyroid, lymph nodes, carotid arteries, other). Explain: _____                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Reproductive (menstrual difficulties, other). Explain: _____                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory (asthma, persistent/chronic cough, abnormal chest x-ray, tuberculosis, or any other lung problems).<br>Explain _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin (rash, other). Explain _____                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep (sleepwalking, recurrent nightmares, other). Explain: _____                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Stomach, liver or intestinal (ulcers, jaundice, hernia, colitis, indigestion, etc.).<br>Explain _____                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgical operations, accidents or injuries in the past 2 years. Explain _____                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Vascular and blood (anemia; Hepatitis B or C; hemophilia, HIV positive; HBV; migraines, nosebleeds, transfusions, unconsciousness/fainting, other). Explain _____    |

(over)

Continued explanations of "yes" answers:

Other important health information that the Adult Advisors should know? \_\_\_\_\_

Contagious diseases: list dates of exposure and occurrence of the following: Measles, Mumps, Rubella, Chicken Pox, Mononucleosis, Tuberculosis, Pneumonia \_\_\_\_\_

Dietary needs/restrictions: \_\_\_\_\_

General attitude/mood/alertness (shyness, energy level, cooperation) \_\_\_\_\_

Immunizations -- list dates of last vaccines:

Hepatitis \_\_\_\_\_ Influenza \_\_\_\_\_ Tetanus \_\_\_\_\_ MMR (Measles/Mumps/Rubella) \_\_\_\_\_

Was this a second MMR immunization? \_\_\_\_\_

Medications:

List all prescriptions/non-prescription medications participant will require during the program, listing dosages, time medications are taken, and sensitivity to them: \_\_\_\_\_

Do you want an adult advisor to collect and dispense medications?  yes  no

Social habits (smoking or chewing tobacco, alcohol consumption, illicit drug use) Explain: \_\_\_\_\_

Insurance information:

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_

Physician information:

Family Physician or Clinic \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Is participant under a doctor's care now?  yes  no

Parent/Guardian information:

Last Name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone (\_\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_\_) \_\_\_\_\_

Alternate contact in case of emergency:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Day phone (\_\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_\_) \_\_\_\_\_

I understand that failure to provide complete information on this health form could hinder chaperones' and staff's ability to provide adequate care and could result in termination of my son/daughter's participation in this event.

I consider his/her health to be:  Excellent  Good  Fair  Poor. I am of the opinion that \_\_\_\_\_ can safely participate in this program I further declare that he/she has no physical, mental, or communicable conditions that will interfere with participation in this program.

I will notify the WI 4-H Youth Development Office of any changes in health or prescriptions between now and departure. I understand my son/daughter will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given but Wisconsin 4-H and program staff are not responsible in case of accidental injury or illness. I, or the person noted above, will be notified as soon as possible in case of medical emergency while my son/daughter is participating in this program. If a medical emergency arises, I give permission for emergency treatment or surgery as recommended by an attending physician. I agree to cover cost of prescriptions and emergency transportation to medical facilities or home, if necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Participants: submit completed original form to your State/Provincial Coordinator by \_\_\_\_\_

State/Provincial Coordinators:

A copy of this form must be provided to the chaperone prior to travel to National 4-H Dairy Conference.

Postmark original form by September 4, 2007 to

Wisconsin 4-H Outreach, 431 Lowell Center, 610 Langdon St., Madison WI 53703-1195

## 2007 NATIONAL 4-H DAIRY CONFERENCE REGISTRATION AND LODGING RESERVATION FORM

Note: delegates must be at least 15 but not more than 18 as of January 1, 2007; chaperone must be at least 21 at Conference.  
Delegates: Complete this form and return it to the Contact Person for your State or Province.  
Please TYPE OR PRINT CLEARLY. The address you provide will be printed in the conference roster.

|                                                                                                                                                                   |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|
| Last Name                                                                                                                                                         | First Name        |                 |
| Nickname for Nametag (if different from above)                                                                                                                    | E-mail address    |                 |
| Address (Street/Rural Route/Box Number)                                                                                                                           |                   |                 |
| City<br>(_____)                                                                                                                                                   | State/Province    | Zip/Postal Code |
| Daytime Telephone                                                                                                                                                 | Best time to call |                 |
| T-shirt size ( <i>subject to availability</i> ): ___ sm ___ med ___ lg ___ XL ___ 2X ___ 3X                                                                       |                   |                 |
| Ethnic Code (check one): ___ Hispanic ___ Non-Hispanic                                                                                                            |                   |                 |
| Race Code (check all that apply): ___ American Indian/Alaskan Native ___ Asian ___ Black/African American<br>___ Native Hawaiian/Other Pacific Islander ___ White |                   |                 |
| Roommate Preference: _____                                                                                                                                        |                   |                 |
| (If no preference is indicated, a roommate will be randomly assigned.)                                                                                            |                   |                 |
|                                                                                                                                                                   | Last Name         | First Name      |
| Adult: <input type="checkbox"/> Chaperone ___ Planning Committee ___ female ___ male                                                                              |                   |                 |
| Youth Delegate: Birth date _____ ___ female ___ male                                                                                                              |                   |                 |
| Chaperone's name _____ from _____ state/province.                                                                                                                 |                   |                 |

**ARRIVAL INFORMATION-** I will travel by:

\_\_\_ van or car \_\_\_ charter bus \_\_\_ Greyhound \_\_\_ bus from Chicago \_\_\_ bus from Milwaukee \_\_\_ airline to Madison

Arrival Date: \_\_\_\_\_ Approximate Time of Arrival: \_\_\_\_\_  a.m.  p.m.

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_

**DEPARTURE INFORMATION:**

Departure Date: \_\_\_\_\_ Approximate Time of Departure: \_\_\_\_\_  a.m.  p.m.

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_

**SEMINAR PREFERENCE:** Please refer to the Delegate and Chaperone Registration Materials and Handbook for seminar descriptions. Rank in order of your preference (1 being first choice and 7 being last choice).

- \_\_\_\_\_ A. "How to Artificially Inseminate Dairy Cattle"
- \_\_\_\_\_ B. "Dairy Foods Evaluation"
- \_\_\_\_\_ C. "Marketing Dairy Products"
- \_\_\_\_\_ D. "Doing DNA: De Code of Life"
- \_\_\_\_\_ E. "Roaming through the Rumen"
- \_\_\_\_\_ F. "Developing a Comprehensive Dairy Herd Mating Strategy"
- \_\_\_\_\_ G. "Forages: Making Food from the Sun"

**LEADERSHIP TEAM PREFERENCE:** Please refer to the Delegate and Chaperone Registration Materials and Handbook for committee descriptions. Rank in order of your preference (1 being first choice and 8 being last choice).

- |                             |                                         |
|-----------------------------|-----------------------------------------|
| _____ 1. Press              | _____ 5. News and Weather Reports       |
| _____ 2. Recreation/Fitness | _____ 6. Head Table                     |
| _____ 3. Hospitality        | _____ 7. Sponsor Appreciation           |
| _____ 4. Transportation     | _____ 8. Dairy Cattle Linear Evaluation |

**I am interested in attending the tour of a goat farm on Tuesday afternoon Yes \_\_\_\_\_ No \_\_\_\_\_**  
**(Delegates will be assigned on a first-come, first-serve basis.)**