

2011 Wisconsin 4-H & Youth Conference Excused Absence/Early Departure Request

Every Wisconsin 4-H & Youth Conference participant is expected to remain on site until 11:00 a.m. Thursday, June 30, 2011 unless an Excused Absence/Early Departure Request form is submitted to the WI 4-H Youth Development Office or Conference Headquarters. UW Conference Housing staff, 4-H Staff and Adult Advisors must be able to locate all registered participants in case of emergency.

The following person is requesting to leave the conference site prior to the end of Wisconsin 4-H & Youth Conference:

_____ will leave the conference site to go
(print name of participant)
_____ at _____, _____, _____
(destination) (time) (day) (date)

- He/she will return to the conference at _____, _____, _____
(time) (day) (date)
- He/she will not return to the conference. (Be sure to inform your Adult Advisor!)

This participant should be released from the conference at the Conference Headquarters on the first floor of Sellery Hall, 821 W. Johnson Street, Madison to:

_____ (_____)
(print name of person meeting participant at Headquarters) (relationship to participant)

(participant signature) (date)

(parent/guardian's signature) (date)

To be completed at the time of departure:

Released by: _____ at _____
(Headquarters staff person's signature) (time) (date)
Signature of person picking up the participant: _____

Bring this form with you to Wisconsin 4-H & Youth Conference to give to your advisor.

~~~~~  
**Advisors: bring to Sellery Hall Headquarters on Monday, June 27, 2011.**





## 2011 WISCONSIN 4-H & YOUTH CONFERENCE TALENT SHOW APPLICATION

**Got a great act?** We're seeking talent for the Wednesday evening Talent Show! Ideas might include playing an instrument, dancing, clowning, magic act, short skits, singing or other original clean fun.

**You may submit** one (1) act of no more than five (5) minutes in length. You may combine efforts with others if you wish. Submit your application on this form by April 8.

**Auditions will be held** on-site on Monday, June 27 between 4:15-4:45 p.m. and Tuesday, June 28, between 3:30 p.m. and 4:45 p.m. in the Main Lounge on the first floor of Sellery Hall. Time constraints will limit the number of acts that may perform Wednesday evening.

**Conference staff will provide** microphones, a piano and a CD player but participants furnish their own props, other instruments, costumes and music. Please dub any musical number(s) you need onto a blank CD for the show and bring it to Conference. Sorry, the conference cannot provide a piano accompanist.

**Performers are responsible for supplying their materials** to the stage manager (or appropriate person) and for collecting those materials after their performance. State staff are not responsible for lost/stolen items.

County(s) \_\_\_\_\_

Name of Act: \_\_\_\_\_

Length of act (no more than 5 minutes ): \_\_\_\_\_ minutes

Number of performers: \_\_\_\_\_

Name(s) of Performer(s ) \_\_\_\_\_

yes  no I (we) will need a CD player.

yes  no I (we) will need a piano.

Briefly describe the act below.

**DUE APRIL 8**  
**Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon St, Madison WI 53703**



Name: \_\_\_\_\_ State 4-H Youth Group \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Art, Drama, Photo, Showcase, or YLC)

**EXPECTATION STATEMENT FOR ADULTS ACCOMPANYING YOUTH ON  
UW-EXTENSION-SPONSORED TRIPS AND EVENTS  
UNIVERSITY OF WISCONSIN-EXTENSION 4-H YOUTH DEVELOPMENT  
PROGRAMS**

**2011 Wisconsin 4-H & Youth Conference, Madison WI, June 27-30, 2011  
(and various other State 4-H Youth Group events)**

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 adult should provide the youth with information on how he/she 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 as needed.
10. The adult will not ignore situations involving bullying, hazing or harassment, nor 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 behaviors 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 are 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 for whom he/she has assumed supervision responsibility 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. The Executive Committee of the State 4-H Adult and Youth Leader Councils will determine action for failure to meet the expectations for state-sponsored events/activities for volunteer staff.
4. The county 4-H Leader Association Boards will determine action for failure to meet the expectations of county-sponsored events/activities for volunteer staff.
5. The county office chair will receive complaints and determine action for state 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 Advisor'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 UW-Extension to use such images of this participant without any expectation of compensation.

\_\_\_\_\_  
Signature of Adult Advisor

\_\_\_\_\_  
Date

**POSTMARK BY MARCH15 TO:**

**WI 4-H, \_\_\_\_\_ STATE 4-H YOUTH GROUP, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703**  
(Enter State 4-H Youth Group Name)

# WISCONSIN 4-H & YOUTH CONFERENCE STATE 4-H YOUTH GROUP MEMBER REGISTRATION FORM

Must be completed by all State 4-H Youth Group participants and their Adult Advisors.

Please print all information neatly.

Registration will not be processed if form is incomplete.

The purpose of the State 4-H Group experience is for high school age youth to gain skills of leadership, decision making and problem solving through hands-on activities, workshops, large group seminars and youth networking time. Events will be held on the UW Madison Campus and other locations in southern Wisconsin between April 9-August 10, 2011 including April planning event, Wisconsin 4-H & Youth Conference, and possible appearance at State or county fairs or other events. The ratio of adult to youth participants is 1:10. Adult Advisors are active 4-H volunteers that have completed the WI 4-H Youth Protection process. Participants will spend most of their time under the direct supervision of the Groups' primary Directors and Adult Advisors. The health staff is a volunteer with first aid training. Participants will stay in dorm rooms with one or two same gender youth per room. Adult Directors and Advisors are located on each floor. Meals are served cafeteria style. The dorm style restrooms include private showers. Activities may include: contemporary, folk or square dancing, some daily walking (1-2 miles on even and uneven terrain), large group games and activities, including reading aloud, memorizing lines or choreography, public speaking, running, personal contact with other participants, possible lifting up to 50 lbs., operating electrical sound or light equipment, and performing skits, mini dramas, or dances. Arts and crafts activities include painting, drawing and working with other mixed media, and using art equipment such as hot glue guns, craft knives and other tools.

1. \_\_\_ Youth \_\_\_ Adult Advisor \_\_\_ Director/Staff Advisor or Coordinator
2. State 4-H Youth Group  
\_\_\_ Art Team \_\_\_ Conference Planning Committee \_\_\_ Drama Co. \_\_\_ Photo Team  
\_\_\_ Showcase Singers \_\_\_ Volunteer Coordinator \_\_\_ Youth Leader Council
3. Name \_\_\_\_\_ 4. County \_\_\_\_\_  
(First Name Last Name)
5. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_
6. Gender: \_\_\_ male \_\_\_ female 7. Grade \_\_\_ 8. T-shirt size: \_\_\_ sm \_\_\_ med \_\_\_ lg \_\_\_ xl \_\_\_ xxl
9. Ethnic Group (Check one): (Used for statistical reports only)  Hispanic/Latino  Non-Hispanic
10. Race (check all that apply): \_\_\_ Alaskan/ American Indian \_\_\_ Asian \_\_\_ Black/African  
American \_\_\_ Hawaiian/Pacific Islander \_\_\_ White \_\_\_ Other
11. Preferred roommate (print) \_\_\_\_\_  
(If left blank, a roommate will be assigned by the Housing office. Roommates cannot be changed after registration.)
12. Arrival at Conference:  
I plan to arrive at (time) \_\_\_\_\_ (day) \_\_\_\_\_ (date) \_\_\_\_\_  
\_\_\_ I will carpool with other State 4-H Youth Group members.  
\_\_\_ A parent/guardian will drop me off.  
\_\_\_ I must return home with my county delegation and I will advise the county Adult Advisor.  
\_\_\_ I am not able to carpool; I must drive myself. I understand that I must obtain my own parking permit online at <http://www.uwex.edu/ces/4h/events/youthconf/index.cfm> by April 8. I can submit the receipt with a Volunteer Expense Form for reimbursement after conference. NOTE: State 4-H Office will obtain permits for Adult Directors and Instructors. (No changes after April 8.)

**Adults Advisors only:**

Number of delegates you are chaperoning \_\_\_ from \_\_\_\_\_ Group (and \_\_\_ from \_\_\_\_\_ Group). (Max. 15.)

**Adult Advisors/Directors only:** Dates permit is needed (first day) \_\_\_\_\_ through (last day) \_\_\_\_\_

State 4-H Youth Group Member's Signature

Date

Parent/Guardian Signature (required for all participants)

Date

**POSTMARK BY MARCH 15 TO:**

**WI 4-H, \_\_\_\_\_ STATE 4-H YOUTH GROUP, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703**

(Enter State 4-H Youth Group Name)



Name: \_\_\_\_\_ State 4-H Youth Group \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Art, Drama, Photo, Showcase, or YLC)

**EXPECTATION STATEMENT FOR YOUTH ON  
UW-EXTENSION SPONSORED TRIPS AND EVENTS**

**University of Wisconsin-Extension 4-H/Youth Development Programs  
Wisconsin 4-H and Youth Conference, Madison WI June 27-30, 2011  
(and various other State 4-H Youth Group events)**

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 Advisor.
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 authorized 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 name-tag to all program activities unless removal is specified. Use good judgment 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 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. Possession and/or use 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 Advisor'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 not to 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
6. Adult Advisors will take the following steps for violations of this Expectation Agreement:
7. Counsel with involved participants to reach an understanding and stop the inappropriate behavior.
8. 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.
9. Inform parents and local Extension personnel of misbehavior at time of occurrence if Adult Advisor feels severity of situation warrants such immediate notification.
10. 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.)
11. Write a letter describing the 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 an Adult Advisor. 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 UW-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: \_(\_\_\_\_\_)\_\_\_\_\_

**POSTMARK BY MARCH 15 TO:**

**WI 4-H, \_\_\_\_\_ State 4-H Youth Group, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703**  
(Enter State 4-H Youth Group Name)

## University of Wisconsin Youth Event Health Form

### Event

### Dates

|                                                                                    |                                                                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>WI 4-H &amp; Youth Conference (and other authorized events for state teams)</b> | <b>June 22-30, 2011 (including early arrivals; June, July, Aug. for other authorized state team events)</b> |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

### Contact Information

|                                              |                                                                                |                    |                         |
|----------------------------------------------|--------------------------------------------------------------------------------|--------------------|-------------------------|
| Youth Name (last name, first name)           | Youth Gender:<br><input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Date (m/d/y) | Age on 1st Day of Event |
| Parent/Guardian Name (last name, first name) | Address (street, city, state, zip code)                                        |                    | Email                   |
| Home Phone                                   | Work Phone                                                                     | Cell Phone         |                         |
| Second Parent/Guardian Name                  | Second Address                                                                 |                    | Second Email            |
| Second Home Phone                            | Second Work Phone                                                              | Second Cell Phone  |                         |

### Health Conditions

|                                                                                                |                                                          |                                                                |                                                                                                                                               |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Heart: include if physician denied or restricted sports participation | <input type="checkbox"/> Epilepsy                        | <input type="checkbox"/> Dizziness or Fainting                 | <input type="checkbox"/> Diabetes                                                                                                             |
| <input type="checkbox"/> Cognitive or Developmental<br>Please describe:                        | <input type="checkbox"/> Psychiatric<br>Please describe: | <input type="checkbox"/> Muscular/Skeletal<br>Please describe: | <input type="checkbox"/> Other<br>Please describe:                                                                                            |
|                                                                                                |                                                          |                                                                | <input type="checkbox"/> Asthma: Is an inhaler required and carried by the youth?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### Allergies

|                                              |                                                  |                                                     |                                                                                                              |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Insect (bee) stings | <input type="checkbox"/> Foods                   | Please list the allergen and describe the reaction: | Is an EpiPen® required and carried by the youth?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Medications         | <input type="checkbox"/> Other, please describe: |                                                     |                                                                                                              |

### Insurance and Tetanus Booster Information

|                                       |
|---------------------------------------|
| 1. Name of Insurance Company          |
| 2. Policy Number                      |
| 3. Date Of Last Tetanus Booster Shot: |

### Accommodations and Special Instructions

|                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|
| Does the youth require an accommodation to participate in this event? Please describe:                      |
| 1.                                                                                                          |
| 2. Please describe any limitations or restrictions regarding the youth's participation in event activities. |
| 3. Is there any other information you want to share?                                                        |

## Medications

|                                                                                                                                                                           |                                                                                     |                                                                                              |                                                                      |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| Parent/Guardian: Some programs may choose to have limited over-the-counter medications available. Please select which medications can be provided, if they are available. | Acetaminophen (Tylenol)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Hydrocortisone (anti-itch) cream<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|

## Medications Youth is Bringing to Event

| Prescription Medication Name | Purpose | Dosage (mg) | Times of day given | Side Effects | Prescribing Physician | Physician Phone Number |
|------------------------------|---------|-------------|--------------------|--------------|-----------------------|------------------------|
|                              |         |             |                    |              |                       |                        |
|                              |         |             |                    |              |                       |                        |

Please describe any special instructions or additional information regarding medication:

## Consent for Medication Treatment and Medication Administration

### TO THE PARENT(S) OR LEGAL GUARDIAN(S):

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin, it is event/camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp health staff with the exception of controlled drugs, **All medication must remain in the original packaging** (bottle labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions). A limited amount of medication for life-threatening conditions may be carried by the youth (i.e. EpiPen®, inhaler, etc.). **Please select one option below:**

- No medication(s) has been brought to event/camp.
- The youth participant if age 14 or older, may administer the medication or operate the medical device. Please note that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by health staff.
- The designated health care staff will administer the medication or operate the medical device.



**If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your**

**consent for all of the following. By signing below as parent/guardian,**

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I confirm that I have read the program description and that the youth can participate in planned activities.
- I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

|            |                              |      |
|------------|------------------------------|------|
| Youth Name | Signature of Parent Guardian | Date |
|------------|------------------------------|------|

### • To be Completed by Event Staff at Check In

|                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are there any changes in the youth's health status, medications or other related information since this form was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the parent, guardian or Emergency Contact be available at this number during the event? <input type="checkbox"/> Yes <input type="checkbox"/> No                                |

**POSTMARK BY MARCH 15 TO:**

**WI 4-H, \_\_\_\_\_ State 4-H Youth Group, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703**  
(Enter State 4-H Youth Group Name)

# 2011 STATE 4-H YOUTH GROUP MEMBER ACCEPTANCE FORM

**I AM NOT ABLE TO ACCEPT** this position as a 2010 State 4-H Youth Group member. My reason for refusing the position: \_\_\_\_\_ . I will contact my county 4-H office to advise them I am not accepting.

**I ACCEPT** this position as a member of the following State 4-H Youth Group:  
 Art Team    Drama Co.    Photo Team    Showcase Singers

I certify that I meet the following qualifications:

- I will be an outstanding representative of Wisconsin and 4-H.
- I anticipate I will be able take the time off from my schedule to participate in each scheduled State 4-H Youth Group event.
- I will make arrangements to meet my financial responsibilities.
- I understand I will be responsible for my own transportation to required events.
- I understand I must maintain my county's approval of my participation through the time of the events.

To the best of my knowledge, the above information is accurate and complete.

Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
County (print) \_\_\_\_\_



**Attach payment plan worksheet and your check or money order payment made payable to UW-Extension for your appropriate State 4-H Youth Group fee.**

**For office use only: Check Amt: \$\_\_\_\_\_ Check #: \_\_\_\_\_ Date of Check: \_\_\_\_\_**

**POSTMARK BY MARCH 15 TO:**  
WI 4-H, \_\_\_\_\_ State 4-H Youth Group, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703  
(Enter State 4-H Youth Group Name)



# 2011 Art Team, Drama Company, Showcase Singers Payment Plan

Please check all that apply:

\_\_\_\_\_ **Payment option 1 (Full Payment):**

\$500 payment in full by March 15<sup>th</sup>, 2011

\_\_\_\_\_ **Payment option 2 (Installments):**

\$100 Minimum down payment required by March 15<sup>th</sup>, 2011

\$400 Balance due May 1<sup>st</sup>, 2011

Breakdown of funding:

\_\_\_\_\_ 4-H County Funds                    \$ \_\_\_\_\_

\_\_\_\_\_ Local 4-H Club Funds            \$ \_\_\_\_\_

\_\_\_\_\_ 4-H Mini Grant Funds            \$ \_\_\_\_\_

\_\_\_\_\_ Other Grants \_\_\_\_\_            \$ \_\_\_\_\_

\_\_\_\_\_ Out of pocket funds            \$ \_\_\_\_\_

## Notes:

- Payment for the State 4-H Group registration is your responsibility.
- Please contact your County 4-H Agent/Educator as soon as possible if you will be requesting funds.
- 4-H Foundation Mini Grants and other 4-H Scholarships are limited and awards will be made based on funds available. All requests must be submitted to Tim Talen, Arts & Communication Specialist, by e-mailing [timothy.talen@ces.uwex.edu](mailto:timothy.talen@ces.uwex.edu) no later than March 15<sup>th</sup>, 2011.

**POSTMARK BY MARCH 15 TO:**

WI 4-H, \_\_\_\_\_ State 4-H Youth Group, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703  
(Enter State 4-H Youth Group Name)



# UNIVERSITY OF WISCONSIN-EXTENSION 4-H YOUTH DEVELOPMENT PROGRAMS VOLUNTEER EXPENSE FORM FOR REIMBURSEMENT OF PARKING PERMIT COST

(Please print or type information)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(last) (first) (middle initial)

Home Address: Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Program/Responsibility: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Travel From: \_\_\_\_\_ To: \_\_\_\_\_

Miscellaneous Travel/Program Expense

| Date  | Item           | \$    |
|-------|----------------|-------|
| _____ | _____          | _____ |
| _____ | _____          | _____ |
| _____ | _____          | _____ |
|       | Total Expenses | _____ |

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

NOTE: Proper receipt must be attached in order to process this request for reimbursement.

Office Use Only  
 Approved for payment: \_\_\_\_\_ Date: \_\_\_\_\_

**POSTMARK BY MARCH 30 TO:**  
 WI 4-H, \_\_\_\_\_ State 4-H Youth Group, 431 Lowell Hall, 610 Langdon St. Madison, WI 53703  
(Enter State 4-H Youth Group Name)