

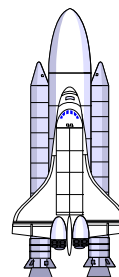
Space Camp

4-H Missions in Space

Huntsville, Alabama

April 15-19, 2010

Boldly go where other 4-H'ers fear to tread...



- WHAT:** A fun-filled weekend at the U.S. Space & Rocket Center in Huntsville, AL: participants will complete a simulated Space Shuttle mission, experience training simulators, tour the U.S. Space & Rocket Center and learn about becoming an astronaut.
- WHO:** Enrolled 4-H members in good standing in their counties who are in grades 6-8 may apply. Adult chaperones will be selected at a ratio of one per ten youth to accompany the group of 100+ youth on the trip. (Interested adults should ask their county 4-H office staff for a 2010 State & National Group Leader Application, due March 1. All adult leaders must be certified Wisconsin 4-H leaders over 21 years of age. **Mandatory Chaperone training workshop will be held March 13, 2010 in Madison.**)
- WHY:** Explore the fascinating world of aerospace, astronomy and technology!
- WHEN:** Departure will be morning on Thursday and return to Wisconsin early Monday. A mandatory teleconference orientation will be scheduled for an evening in early March 2010. Details will be provided with a confirmation letter and on the State 4-H website when available: (<http://www.uwex.edu/ces/4h/events/spacecamp/index.cfm>). An optional workshop has been scheduled for **Saturday, March 13, 2010, between 1:30 – 3:30 p.m.** at UW Space Place (Madison, WI) so delegates can meet others from their mission and experience hands-on space exploration activities prior to travel.
- WHERE:** U.S. Space and Rocket Center in Huntsville, Alabama. A motor coach will make pickups at Eau Claire, Wausau, Madison and Milwaukee before traveling overnight to Huntsville. Return sites are the same.
- COST:** Tentative costs including coach travel are approximately \$490. Final costs will be confirmed and announced in February. Payment is due April 1 payable to UW - Extension. No cancellations can be accepted without penalty after February 1 except for medical emergencies. Only written cancellations will be accepted.
- HOW:** Call your county UW Extension 4-H/Youth Development office or go on-line to the Wisconsin 4-H website to obtain a Space Camp (Pathfinder Mission) application. All selections for applicants are made within counties. The completed application must be postmarked to your county Extension 4-H Youth Development office **prior to December 1**. Priority selection will be given to first time applicants; alumni are welcome to apply and will be assigned on a first-come, first-served basis after registration closes on Jan. 15. ALL applicants will be notified of their status (confirmed or on waiting list) shortly thereafter. An expectation form and a health form are due February 1.
- DETAILS:** During this program, you will travel and sleep on a motor coach, eat in restaurants and a camp cafeteria, share same-gender sleeping and restroom facilities, work in a team of 12-15 similar aged youth solving problems, and read a script aloud during a mock space mission under the guidance of an adult advisor. You may be able to experience some or all of the following activities: train like the pioneers of Mercury, Gemini, and Apollo; tumble and spin in a Multi-Axis Trainer; float on air in a 5-Degrees of Freedom Chair; walk like Apollo astronauts in a 1/6th Gravity Chair; experience a world without friction in the MMU – Manned Maneuvering Unit; explore the past, present and future of space flight; and experience a giant screen IMAX® theater.

For more information about Space Camp and to connect to other great links, visit www.spacecamp.com. Sample schedules can be found in the Wisconsin 4-H Participant Handbook at <http://www.uwex.edu/ces/4h/events/spacecamp/index.cfm>

PARENTS/GUARDIANS: Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. If you need an interpreter, materials in alternate formats or other accommodations to access this program, activity or service, please contact Outreach Specialist

Kay Hobler at (608) 262-1557 as soon as possible preceding the scheduled event so that proper arrangements can be made in a timely fashion. Requests are kept confidential.

University of Wisconsin Extension 4-H/Youth Development Programs

Expectation Statement for Youth on UW-Extension Sponsored Trips and 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 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 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 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 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.
- (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 chaperon 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 state 4-H 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 chaperon. 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. SPACE CAMP facilities at the [U.S. Space & Rocket Center](#) in Alabama and AVIATION CHALLENGE facilities in Alabama are occasionally visited by the news media, video and film crews, or photographers hired by Space Camp for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize the Wisconsin 4-H Youth Development, Alabama Space Science Exhibit Commission and the U.S. SPACE CAMP Foundation or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named above during program training activities and related activities. I understand there will be no compensation for us. All negatives and positives, together with said prints, video or film are the property of the Wisconsin 4-H Youth Development and/or U.S. Space & Rocket Center or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during the visit. I affirmatively release and discharge state 4-H Youth Development, the Alabama Space Science Exhibit Commission and/or the U.S. Space Camp Foundation from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of this participant during his/her trip I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in any promotional program materials unless expressed permission is granted. However, photos may be released to county Extension staff for local publication where participants may be identified.

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: _(_____) _____

Must be postmarked by February 1, 2010

to WI 4-H Outreach, 431 Lowell Hall, 610 Langdon St., Madison WI 53703

Name: _____
(Print Last Name) (Print First Name)

County _____
(Name of county where your 4-H Office is located.)

DELEGATE MEDICAL CONSENT AND HEALTH HISTORY

Wisconsin 4-H to Space Camp

April 15-19, 2010
Huntsville, Alabama

Information must be legibly printed in black ink or typed. Do not leave empty blanks; enter N/A if not applicable.
(2 page form)

PART ONE: CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Extension program, it is event 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 the Event Health Supervisor.

All medications must be in a medicine bottle and labeled with the delegate's name, doctor's name and phone number, medication name, and dosage. You must also complete the information below:

- _____ No medication has been brought to the event.
- _____ I want the medication or medical devices self-administered (age 14 and above only).
- _____ I want the medication or medical device administered by the Event Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kits, inhalers).

Name of Medication (s)	Prescribing Doctor	Doctor's Phone #
Amount to be taken	How is it taken?	When to be administered
Day(s) to be taken	Special Instructions	

- If your son, daughter, or ward will be under the age of 18 years while at our event, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Extension their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the event.

Delegate Name (Please Print)

Signature of Parent or Guardian

Date

**Postmark by February 1, 2010 to
Wisconsin 4-H Outreach, 431 Lowell Center, 610 Langdon St., Madison WI 53703-1195**

PART TWO: HEALTH HISTORY QUESTIONNAIRE

Full Participant Name:		Wisconsin 4-H to Space Camp		April 15-19, 2010	
Full Home Address:		Home Telephone Number:	Date of Birth: ____/____/____		Sex: M F
Parent/Guardian Name:		Relationship:		Height:	Weight:
Address (if different than above)		Home Telephone Number: (if different than above)		Does participant have allergic reactions to: <input type="checkbox"/> Yes <input type="checkbox"/> No Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No Other Antibiotics _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medicine (type) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Insect Bites/Stings _____	
Parent/Guardian Work Telephone:		Alternate contact in the event that the Parent/Guardian cannot be contacted during an injury or illness. (Name, Relationship, Address, and Telephone Number)		Does participant take medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify _____ (consent for medication administration must be signed on reverse.)	
Physician: _____ Telephone: _____		Has participant had or presently experiencing:		<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Bleeding Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Colitis <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy/Seizures/Blackouts <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Injury/Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Menstrual Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No Mental/Emotional Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Neck/Back Pain/Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Rheumatic Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No Ulcer Other: _____	
Insurance Co.: _____ Policy No.: _____		Immunization Record * MMR (measles, mumps, rubella) Dose 1-Immunization at age 1 <input type="checkbox"/> Yes <input type="checkbox"/> No Dose 2 <input type="checkbox"/> Yes <input type="checkbox"/> No * Tetanus-Diphtheria <input type="checkbox"/> Yes <input type="checkbox"/> No			
* Year of last tetanus boost (must be within last 10 years)		Has participant ever had major surgery or been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any significant operations, accidents or illnesses, and last medical attention and reason:					
Does the participant have a physical, mental or emotional condition that requires special consideration or accommodation? Explain.					
A physical examination within 24 months of the event is recommended. Date of participant's last physical examination: _____					

