

2011 WISCONSIN 4-H & YOUTH CONFERENCE ADULT LEADER REGISTRATION WORKSHEET

The purpose of the WI 4-H & Youth Conference trip is for youth in 7th-10th grades to gain life skills through hands-on activities, workshops, large group seminars, and youth networking time. This experience begins at 2:30 p.m. June 27th and ends at 11:00 a.m. June 30th, 2011. The event is held at UW Madison with lodging in Sellery Hall. Health staff consists of volunteers who have first aid and/or nursing training. Youth will be under the direct supervision of older youth leaders and/or adults. The ratio of adults to youth participants is 1:10 or less. Adult Advisors are active 4-H volunteers that have completed the youth protection process. Adult Advisors assist by monitoring youth activities, conducting meetings and assisting with operational committee work. Participants will eat in a public cafeteria; sleep in a single bed in a dorm room with a roommate of the same gender and use a dorm restroom with private showers; males and female participants are housed on separate floors of the dorm. Adult Advisors are assigned to rooms on the same floors as their assigned delegates. During the conference, adults and youth will participate in large group activities which may involve any of the following: discussion, writing, reading aloud, arts and crafts; role plays or skits, running, dancing, climbing stairs, standing or sitting for long periods, or having personal contact with other participants; they will walk distances of approximately ½ mile on sidewalks to assemblies; for seminars they may ride school buses to off site locations up to 50 miles away (see seminar descriptions for off-site locations), and may do physical activities such as working with carpentry or gardening tools, hiking up to ½ mile over steep terrain, biking, swimming, canoeing, or doing other water sports in a lake with lifeguards present, or rock climbing with safety equipment. (See seminar descriptions for specific activities.)

PLEASE PRINT ALL INFORMATION NEATLY.

1. County _____ First Name _____ Last Name _____
 a. Address _____ City _____ State _____ Zip _____
 b. E-mail address: _____ Telephone (_____) _____
2. Gender: female male Grade: "A" for adult T-shirt size: sm med lg xl 2x 3x
3. Ethnic Code (check one): Hispanic Non-Hispanic
4. Race (check all that apply): Alaskan/ American Indian Asian Black/African American
 Hawaiian/Pacific Islander White Other Two or more
5. Lodging: Adults will be assigned two per room as close to their delegations as possible.
 Preferred roommate (print) _____
 If left blank, a roommate will be assigned by the University Housing office. Sorry, rooms cannot be changed due to University fire regulations.

6. Seminars: Adults are expected to participate fully in every aspect of Conference including attending and chaperoning seminars. At least one Adult Advisor is needed for every seminar including water sports. Fees are waived for Adult Advisors for those seminars requiring participant fees. Four (4) selections, in preference order (1 being first choice), may be made for each time period. If you do not indicate preference for seminars, you will be assigned to a seminar for each time period. (If you have no preference, indicate 900 - assign as needed; if not available due to ALC meeting, etc., enter 999.) **NOTE: These are preferences; final seminar assignments are made by the WI state 4-H Office based on availability.**

Tuesday Morning	1. _____	2. _____	3. _____	4. _____
Tuesday Afternoon	1. _____	2. _____	3. _____	4. _____
Wednesday Morning	1. _____	2. _____	3. _____	4. _____
Wednesday Afternoon	1. _____	2. _____	3. _____	4. _____

7. Number of years chaperoning Youth Conf. _____
8. Occupation: _____
 interests: _____ Special
9. County delegation(s) and number of delegates **of same** gender that I will chaperone (maximum 15 youth/3 counties):
 a. _____ b. _____ c. _____
10. I am the Lead Advisor for the following counties:
 a. _____ b. _____ c. _____
 I have been assigned fewer than 15 youth/3 counties and am willing to help other counties.
 Please don't release my name to other counties. I prefer to chaperone only those listed here.
11. Committee assignments (Over for descriptions.) Please rate preferences from 1-4 (1 being first choice):
 Dorm Monitor Pedestrian/Safety Recreation Theater/Assembly
12. A few opportunities exist for the following positions. Check any of special interest:
 Bus Coordinator Van Driver First Aid Coordinator Boxed Meal Coordinator
13. Future Volunteer Opportunities: I am interested in a leadership role as a Volunteer Coordinator (VC) in 2011 or 2012 in the area of: First Aid Traffic/Pedestrian Theater/Assembly Dorm Monitor Recreation
 I am interested in serving on the WI 4-H & Youth Conference Planning Committee for 2012.
 Because of my special interest in this area, I am interested in working with:
 Art Team Drama Co. Photo Team Showcase Singers Youth Leader Council
 Send me information about other state, national and international 4-H Adult Advisor opportunities.

(over)

Committee Descriptions

Each adult attending Wisconsin 4-H & Youth Conference is asked to be a member of an on-site working committee. The following descriptions will help you to understand the responsibilities of each. The Dorm Monitor Committee requires the largest number of members. All Adult Advisors will be assigned to at least one Dorm Monitor duty but may express preference for other committees at other times. Requests will be honored as closely as possible.

Dorm Monitor: The members of this committee are responsible for monitoring elevators, stairwells and fire escapes in the separate boys' and girls' dorm towers or floors. Chairs are provided; bring a book, letters or portable hobby. In case of emergency such as fire or tornado, Dorm Monitor Committee members assist with orderly evacuation.

Pedestrian/Safety: Committee members will be asked to serve as crossing guards, walk with groups and monitor students' behavior on the way to and from seminars and assemblies.

Recreation: Members of this committee monitor entry to dances and behavior around the outdoor recreation areas, movies and in the game room during recreation and free time. They may be asked to assist with set-up of equipment for those events.

Theater/Assemblies: The members of this committee assist with moving the group into and out of the Memorial Union Theater, distribute programs, assist with seating, check that students are chaperoned and monitor behavior during assemblies.

In addition to these committee tasks, Adult Advisors should anticipate being Seminar or Service Learning Presiders (introducing facilitators, taking roll and distributing/collecting evaluations at seminars). Floor monitors will be assigned to each floor for nightly floor meeting and check-in purposes. Many tasks are anticipated but others are done on an "as needed" basis. We ask that all adults be flexible and willing to help where needed.

*The State and County 4-H staff and
2011 WI 4-H & Youth Conference Planning Committee
thank you for volunteering to serve our state youth
as an Adult Advisor to this educational event.
We also greatly appreciate your assistance with committee work!
Without your assistance, this conference could not happen!*



Adult Advisors: Return to your County 4-H Educator, along with the rest of your registration materials.
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.

County 4-H Educators: All county Adult Advisor registrations must be submitted electronically
to the WI 4-H Youth Development Office between April 15-29.

This registration form is for county use only – do NOT forward to the state 4-H office.

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

WATER SPORT ACTIVITIES 2011 Adult Liability Waiver Form

WI 4-H & Youth Conference Water Sport Activities/Seminars, June 28 or June 29, 2011

Adults participating in water sports* during Wisconsin 4-H & Youth Conference must read and sign this document and return the original, completed, and signed form to your County 4-H Office along with your registration form. Your signature below indicates that you understand and agree to the terms of this waiver. If this has not been received at time of registration for Wisconsin 4-H & Youth Conference, you **will not** be allowed to participate in those seminars.

In consideration of any and all privileges made available to me by the Hooper Sailing Club and Wisconsin 4-H Youth Development, I agree to assume all risks associated with this Hooper Sailing Club Youth Instruction Program. I acknowledge that water sports* are hazardous action sports which can cause death by drowning, hypothermia, and other causes not limited by this listing, and acknowledge that permanent disfigurement and disability can result from water sports* due to broken bones, lacerations, contusions, skin puncture, and other physical results. I hold the Board of Regents of the University System, the Wisconsin Union, Hoopers Sailing Club, Wisconsin 4-H Youth Development, and the officers, employees, and agents of each of these organizations, harmless against all liability and civil litigation in connection with this program, regardless of cause.

I understand the contents of this Liability Waiver form and agree to adhere to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I also confirm that I am able to swim 50 yards unassisted. I recognize that minors must stay with an instructor or Adult Advisor at all times when they are on Union premises. I understand that any participant may be dropped from the program with no registration refunds if his/her behavior is deemed unacceptable or uncontrollable. I agree to assume the obligations for the expenses of repair and/or replacement of program equipment that is attributable to reckless or irresponsible behavior on my part.

Adult leader name (print): _____

Adult leader signature: _____ Date _____

This form must be completed **only** if you are participating in canoeing, kayaking, sailing, windsurfing or any other water sports activity during Wisconsin 4-H & Youth Conference

*"Water sport" is defined as canoeing, kayaking, sailing, windsurfing, or any other water sport activity.

**Adult Advisors: Return to your County 4-H Educator, along with the rest of your registration materials.
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE**

**County 4-H Educators: Mail by April 8 to:
Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

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

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

2011 Wisconsin 4-H & Youth Conference

Madison, Wisconsin, June 27-30, 2011

**UNIVERSITY OF WISCONSIN-EXTENSION
4-H YOUTH DEVELOPMENT PROGRAMS**
**EXPECTATION STATEMENT FOR ADULTS ACCOMPANYING YOUTH ON
UW-EXTENSION-SPONSORED TRIPS AND 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 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 UW-Extension to use such images of this participant without any expectation of compensation.

Signature of Adult Leader

Date

**Adult Advisors: Return to your County 4-H Educator, along with the rest of your registration materials.
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE**

**County 4-H Educators: Mail by April 8 to:
Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

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 10:45 a.m. Thursday, June 30, 2011 unless an Excused Absence/Early Departure Request form is submitted to the State 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)

_____ (date)
(participant signature)

_____ (date)
(parent/guardian's signature)

To be completed at the time of departure from Conference:

Released by: _____ at _____, _____.
(Headquarters staff person's signature) (time) (date)

Signature of person picking up the participant: _____

Give to your Adult Advisor to turn in at on-site registration, Monday, June 27, 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 10.

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 conference headquarters 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 boom box/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 TO:
Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon St, Madison WI 53703

**2011 WISCONSIN 4-H & YOUTH CONFERENCE (YC)
YOUTH REGISTRATION WORKSHEET
PLEASE PRINT ALL INFORMATION NEATLY.**

REGISTRATION WILL NOT BE PROCESSED IF WORKSHEET IS INCOMPLETE.

The purpose of the WI 4-H & Youth Conference trip is for youth in 7th-10th grades to gain life skills through hands-on activities, workshops, large group seminars, and youth networking time. This experience begins at 2:30 p.m. June 27 and ends at 11:00 a.m. June 30, 2011. The event is held at UW Madison with lodging in Sallery Hall. Health staff consists of volunteers who have first aid and/or nursing training. Youth will be under the direct supervision of older youth leaders and/or adults. The ratio of adults to youth participants is 1:10 or less. Adult Advisors are active 4-H volunteers that have completed the youth protection process. Adult Advisors assist by monitoring youth activities, conducting meetings and assisting with operational committee work. Participants will eat in a public cafeteria; sleep in a single bed in a dorm room with a roommate of the same gender and use a dorm restroom with private showers; males and female participants are housed on separate floors of the dorm. Adult Advisors are assigned to rooms on the same floors as their assigned delegates. During the conference, adults and youth will participate in large group activities which may involve any of the following: discussion, writing, reading aloud, arts and crafts; role plays or skits, running, dancing, climbing stairs, standing or sitting for long periods, or having personal contact with other participants; they will walk distances of approximately ½ mile on sidewalks to assemblies; for seminars they may ride school buses to off site locations up to 50 miles away (see seminar descriptions for off-site locations), and may do physical activities such as working with carpentry or gardening tools, hiking up to ½ mile over steep terrain, biking, swimming, canoeing, or doing other water sports in a lake with lifeguards present, or rock climbing with safety equipment. (See seminar descriptions for specific activities.)

1. County Name _____
2. First Name _____ Last Name _____
3. Address _____
City _____ State _____ Zip _____
E-mail: _____ Telephone (_____) _____
4. Gender: male female 5. Grade _____ (must be in 7th-10th grade at time of selection)
6. T-shirt size: small med lg xl 2x 3x
7. Ethnic Code (check one): Hispanic Non-Hispanic
8. Race (check all that apply): Alaskan/ American Indian Asian Black/African American
 Hawaiian/Pacific Islander White Other Two or more
9. Preferred same county roommate (print) _____
(If left blank, a roommate will be assigned. Roommates **cannot** be changed after registration.)

10. Seminar selections: four (4) selections in preference order (1 being first choice) must be made for each time period. Do not leave blanks. At least one of the selections for each session must be non-water sports in case sessions close early. Attendees must select a service –learning seminar. NOTE: These are preferences; final seminar assignments will be made by the WI state 4-H Office based on availability.

Tuesday Morning	1. _____	2. _____	3. _____	4. _____
Tuesday Afternoon	1. _____	2. _____	3. _____	4. _____
Wednesday Morning	1. _____	2. _____	3. _____	4. _____
Wednesday Afternoon	1. _____	2. _____	3. _____	4. _____

11. Tour or activity for Monday afternoon (Rank them in preference order, 1 being first choice)
 Chazen Art Museum Kohl Center (Badgers' sports arena) Camp Randall Stadium
 UW Campus Wisconsin Capitol Building
12. I have attended Wisconsin 4-H & Youth Conference previously and would like to help mentor 1st year Conference attendees in my county.
13. _____
Parent/Guardian Signature (required for all participants) Date

**Delegates: Return form to your County 4-H Educator, along with the rest of your registration materials.
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.**

County 4-H Staff: After mailing health, expectation and Water Sport, Rock Climbing, Bird Conservation, or Lakeshore Preservation liability forms to the WI 4-H Youth Development Office by April 8, submit all county delegate registrations electronically between April 15-29, 2011. This registration form is for county use only – do NOT forward to the state 4-H office.

Youth Environmental Projects of Sauk County (YEPS)
Project Registration Form



HOLD HARMLESS AGREEMENT

"I agree to participate in the "YEPS" activities, and thereby waive, release and dismiss all claims for personal injury which I may incur before, during, after or in any way connected to the above named event. I will hold harmless any and all officials involved with the above named event, including all persons or organizations in any way involved with the event. I also hold harmless Sauk County, Wisconsin, including all departments, employees, volunteers or other persons. I further certify that I am physically fit to participate in the above named Event."

Print Participants Name: _____

Participants Signature: _____

Parent/Guardian Signature if Participant is Under 18 years of age _____ Date: _____



PHOTO RELEASE

I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University), Sauk County Land Conservation Department, and Sauk County Planning and Zoning Department, the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, web sites, and promotion of University programs.

The University adheres to all Federal and State laws associated with the use of these materials.

Print Subject's Name (adult or youth) _____

Signature/Date _____

(PARENT OR GUARDIAN MUST SIGN HERE IF SUBJECT IS UNDER AGE 18)

Print Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Telephone (_____) _____

Delegates: Return to your County 4-H Educator, along with the rest of your registration materials. DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.

**4-H Staff: Mail by April 8 to:
Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

UW Lakeshore Nature Preserve Service Learning Activity

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

Participant's name: (print) _____ Age: _____

IN CONSIDERATION OF MY VOLUNTARY SERVICES TO ASSIST THE UW ARBORETUM AND/OR THE LAKESHORE NATURE PRESERVE, I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE UW-MADISON OFFICE OF RISK MANAGEMENT AT 262-8925 OR 262-0379.

ASSUMPTION OF RISKS:

I understand that activities related to restoration of the arboretum or nature preserve, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks of natural restoration activities include: 1) minor injuries such as sprains, strains, cuts, exposure to sun and cold, 2) major injuries such as broken bones and joint or back injuries, or 3) catastrophic injuries related to exposure to potentially hazardous chemicals, pesticides or fungicides causing possible permanent effects and medical intervention. I understand that the University does not provide any type of medical coverage and that I must be personally responsible for any injuries I may incur. I understand and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. Furthermore, I will to adhere to proper safety procedures and training in plant restoration, removal of invasive species and trail maintenance. I agree to dress appropriately, including sturdy work boots and long pants. If I do not understand a process, I agree to discuss this with the project supervisor and I will not use equipment with which I have not yet been trained or with which I am unfamiliar.

Signature: _____ Date: _____

Signature of Parent/Guardian (if participant is under 18*) _____ Date: _____

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of my voluntary services related to restoration of the UW's arboretum or nature preserve, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release, the Board of Regents of the University of Wisconsin System, its officers, employees, educators, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, and its officers, employees, educators, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature: _____ Date: _____

Signature of Parent/Guardian (if participant is under 18*) _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT:

I authorize the University of Wisconsin-Madison and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Signature of Parent/Guardian (if participant is under 18*) _____ Date: _____

*If your son, daughter or ward will be under 18 while participating in activities at the University of Wisconsin – Madison, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

Delegates: Return to your County 4-H Educator, along with the rest of your registration materials. DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE. 4-H Staff: Mail by April 8 to: Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.

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

Devil's Lake Rock Climbing Seminar Liability Form for Adults & Youth

Upham Woods 4-H Environmental Education Center Wisconsin 4-H Adventure Education Program Acknowledgment of Risks Document

Wisconsin 4-H & Youth Conference Rock Climbing Seminar, June 29, 2011

I understand and acknowledge that the activity in which I (or the under age 18 participant) am about to voluntarily engage in as a participant has inherent risks, some known and some unanticipated, which could result in harm, injury (physical or mental), illness, disease, death, or damages to me (or to the under age 18 participant), or my property or to other third parties.

I understand and accept that the Wisconsin 4-H Adventure Education Program activity noted above exposes the participant to many risks. Some of the risks which may be present or occur include, but are not limited to:

- The hazards of traveling in steep terrain, including the potential of falling.
- Rock hazards; including loose rocks falling from above, climbing or rappelling on unfamiliar, steep, and sometimes unstable rock faces.
- Using harnesses, ropes carabiners, and other climbing equipment.
- Man-made objects falling from above including but not limited to ropes, carabiners, other climbing gear, packs, cameras, and personal gear.
- Acts or omissions, negligent or non-negligent of Upham Woods 4-H Environmental Education Center whether in instruction, selection of climbing routes or resting sites, protection, advice or otherwise.
- Carrying ropes and other climbing equipment.
- Hiking or walking in rugged terrain, including slippery rocks.
- Injuries inflicted by animals, insects, reptiles or plants.
- The forces of nature including lightning, weather changes, hypothermia, hyperthermia, sunburn, high winds, and others not named.
- The physical exertion associated with the outdoor activity.
- Traveling in a vehicle not driven by the participant.
- Consumption of food or drink.

To reduce the possibility of injuries, a number of safety standards are adhered to, including:

- Each top rope anchor consists of three independent anchors, each which could individually hold the weight of a climber.
- The top rope anchors are constructed as equalized systems that minimize extension and maintain redundancy.
- Detailed equipment logs are maintained on all equipment. Equipment is retired when it has exceeded its usable lifetime or a flaw is noted during regular inspections.
- All equipment is inspected before and after each climbing program
- All participants and facilitators are required to wear a helmet when they are belaying, climbing, or are in the area of possible rock fall.
- If a participant is not wearing a helmet, they must remain in or behind the designated staging area until they have a helmet.
- Participants must remove all jewelry (rings, earrings, necklaces, watches) and secure long hair before climbing or belaying.
- All climbers must tie in with a retraced figure eight knot and backup knot.
- All harnesses (climber's and belayer's) are double checked for proper adjustments and all buckles are doubled back before the climber may climb.
- Participants may not climb until the proper communication dialog is completed between the climber and belayer ("on belay?"... "belay is on"..."climbing?"... "climb on")
- All participants and facilitators must be tied in when they are closer than a head's length from the edge of a rock face.
- All participants must be aware of their proximately to the edge and not cross any boundaries set by the facilitators.
- All rock climbing gear used by the 4-H Adventure Education Program is UIAA or CEN approved.
- When belaying, the "match-lock-slide" (or "palms down") technique must be used. The break hand may NEVER leave the rope.
- When rappelling, all participants are backup belayed and the belayer is anchored in at the top of the rappel.

I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity.

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Signature of Participant:

Date

Signature of Parent or Legal Guardian

Date

**Delegates: Return to your County 4-H Educator, along with the rest of your registration materials.
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**4-H Staff: Mail by April 8 to:
Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

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

WATER SPORT ACTIVITIES 2011 Youth Liability Waiver Form

To be completed for every delegate registering for water sport seminars.

WI 4-H & Youth Conference Water Sport Activities/Seminars, June 28 or June 29, 2011

Parent or legal guardian of youth participating in water sports* during Wisconsin 4-H & Youth Conference must read and sign this document and return the completed form to your County 4-H Office along with your registration form. Your signature below indicates that you understand and agree to the terms of this waiver. If this has not been received at time of registration for Wisconsin 4-H & Youth Conference, your son/daughter **will not** be allowed to participate in those seminars.

In consideration of any and all privileges made available to my son/daughter (print son/daughter's name), _____, by the Hooper Sailing Club and Wisconsin 4-H Youth Development, I agree to assume all risks associated with this Hooper Sailing Club Youth Instruction Program. I acknowledge that water sports* are hazardous action sports which can cause death by drowning, hypothermia, and other causes not limited by this listing, and acknowledge that permanent disfigurement and disability can result from water sports* due to broken bones, lacerations, contusions, skin puncture, and other physical results. I hold the Board of Regents of the University System, the Wisconsin Union, Hoopers Sailing Club, Wisconsin 4-H Youth Development, and the officers, employees, and agents of each of these organizations, harmless against all liability and civil litigation in connection with this program, regardless of cause.

I understand the contents of this Liability Waiver form and agree to see that my son/daughter adheres to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I also confirm that the participant is able to swim 50 yards unassisted. I recognize that minors must stay with an instructor or Adult Advisor at all times when they are on Union premises. I understand that the participant may be dropped from the program with no registration refunds if his/her behavior is deemed unacceptable or uncontrollable. I agree to assume the obligations for the expenses of repair and/or replacement of program equipment that is attributable to my son/daughter's reckless or irresponsible behavior.

Parent or guardian name (print): _____

Parent or guardian signature: _____ Date _____

This form must be completed **only** if your son/daughter is participating in canoeing, kayaking, sailing, windsurfing or any other water sports activity during Wisconsin 4-H & Youth Conference

*Water sport is defined as canoeing, kayaking, sailing, windsurfing, or any other water activity.

***Delegates:* Return to your County 4-H Educator, along with the rest of your registration materials.
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.**

***County 4-H Educators:* Mail by April 8 to:
Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

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

2011 Wisconsin 4-H & Youth Conference, Madison, Wisconsin

June 27-30, 2011

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. 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.

(over)

Adult Advisors will take the following steps for violations of this Expectation Agreement:

1. Counsel with 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 Adult Advisor feels severity of situation warrants such immediate notification.
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 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: _(_____)_____

Delegates: Return to your County 4-H Educator, along with the rest of your registration materials.

DO NOT SEND TO THE STATE OFFICE.

County 4-H Educators: Mail by April 8 to:

Wisconsin 4-H Outreach, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703.

University of Wisconsin Youth Event Health Form Event

2011 Wisconsin 4-H & Youth Conference, June 27-30, 2011

Contact Information

Youth Name (last name, first name)	Youth Gender: <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	
2 nd Parent/Guardian Name	2 nd Address	2 nd Email	
2 nd Home Phone	2 nd Work Phone	2 nd 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 Please describe:	<input type="checkbox"/> Psychiatric Please describe:	<input type="checkbox"/> Muscular/Skeletal Please describe:	<input type="checkbox"/> Other Please describe:
			<input type="checkbox"/> Asthma: Is an inhaler required and carried by the youth? <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? <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

1. Does the youth require an accommodation to participate in this event? Please describe:
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) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone (anti-itch) cream <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Medications Youth is Bringing to Event

Prescription Medication Name	Purpose	Dosage (mg)	Times of day given	Side Effects	Prescribing Physician	Physician Tel 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
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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?

Yes No

Will the parent, guardian or Emergency Contact be available at this number during the event? Yes No

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