

Dunn County Expectation Statement For Local 4-H Trips/Activities

Participant's Name: _____ 4-H Trip/Activity: _____

Dear Parent and Delegate:

4-H Trips/Activities are conducted to provide exciting learning experiences for participants. To insure a successful event, the health, welfare and participation of the participants must receive utmost consideration.

4-H participants from a variety of backgrounds and family customs come together on 4-H Trips/Activities. Because of this diversity, we want to be sure that we have common expectations. Parent (or guardian) and delegate are to read, discuss and reach agreement upon the following expectations:

- 1) Delegates are expected to:
 - Behave in ways acceptable to other participants.
 - Respect public and personal property.
 - Be financially liable for any damage caused to public or personal property beyond reasonable wear and tear.
 - Use good judgment in selecting clothing appropriate for weather and occasion.
 - Be responsible for own property.

- 2) Delegates shall refrain from:
 - Possession, consumption, or use of any illegal substances
 - Use of language found to be objectionable by other participants chaperones.
 - Leaving the program site without prior arrangements

- 3) Participants and their families understand the chaperones' roles to be:
 - To maintain regular contact with delegates to monitor health, attitude, problem situations, behavior, etc.
 - To make appropriate decisions in emergency situations to enhance the health and well-being of the delegates.
 - To have responsibility to determine the occurrence of inappropriate behavior and take appropriate actions, which may include:
 - a. Counseling with involved delegate(s) to reach an understanding and cessation of the inappropriate behavior.
 - b. Taking disciplinary actions at the time of occurrence, not to include physical punishment.
 - c. Informing parents and local Extension personnel of misbehavior, at the time of occurrence if chaperone feels severity of situation warrants such immediate notification.
 - d. Deciding to remove a participant from the program and send him/her home early at the expense of the delegate's family. (The delegate's family will be notified prior to the delegate's removal from the program; the family will be responsible for the delegate's returning home.) Delegates removed from the program in such manner may be required to relinquish all funds donated to help meet that delegate's financial obligations for the event.

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Health Information

Important health information that the Adult Advisors should know? (Allergies, recent illnesses, medications etc.)

If I break this agreement or my conduct is not satisfactory to the chaperones or Cooperative Extension staff, I understand that I may be sent home and will be responsible for paying all costs incurred by the early departure. I understand that I will be asked to forfeit all funds expended upon my behalf during the event.

(4-H Member's Signature) (Date)

I, as parent or guardian, understand the above expectations and penalties, accept them and agree to be bound by the same.

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

(Parent's or Guardian's Signature) (Date)

Address and phone where parents or guardian can be reached:

Name: _____

Address: _____

Primary Phone _____ Alternate or Cell Phone _____

Alternate contact in case of emergency:

Name _____ Relationship to participant _____

Primary Phone _____ Alternate or Cell Phone _____

PLEASE NOTE:

This form must be submitted to the County 4-H Agent/Chaperone prior to the start of the Trip/Activity. This form will not be kept on file for future activities.