

2009 4-H Know Your Government Registration Procedures

1. You will need to fill out the following forms for each youth and adult attending KYG: Form A- Registration, Form B- Assumption of risk, Form C (2 pages)- Emergency Medical release, Form D- health form and Form E- Code of Conduct.
2. When you have your county group of youth and adults attending KYG decided upon you will need to go online to the following address: _____ and register your county group all together in one group. Youth should not register on their own. If a youth registers and is not part of the county group registration the youth registration will be cancelled. Should you need to add another youth or adult to your county group please email or call Susan Butts sbutts@wsu.edu or (509) 335-4097.
3. Make a copy of each form and keep in the county office or with the KYG adult coordinator.
4. Fill out the payment information form for your county group.
5. Mail ALL of the forms for each person, the payment form and payment in one package to the following address:

Susan Butts
KYG Conference Manager
WSU/CDPE
PO Box 645222
Pullman, WA 99164-5222

6. If you have any questions regarding registering and payments please contact Susan at sbutts@wsu.edu or (509) 335-4097.
7. All county, individual, and WSU/IRI payments MUST be received no later than onsite registration February 14, 2009.
8. Cancellation/Substitution Policy: Cancellations and substitutions are only accepted in writing by email or postal mail to Susan Butts. Substitutions are acceptable at any time. Cancellations can be made until February 2, 2009 for full refund. The registration fee less \$50 will be refunded if you cancel prior to February 10, 2009. After that time, no refunds will be made for cancellations.

**4-H Know Your Government Conference
February 14-17, 2009
County Payment Information Form**

Please list each adult and youth attending KYG from your county that are in this group registration and the payment source and payment amount. **ALL PAYMENTS MUST BE RECEIVED NO LATER THAN ONSITE REGISTRATION February 14, 2009 at the Red Lion Hotel, Olympia, WA.** Please make additional copies of this form for the amount attending from your county.

1. Name of Youth or Adult	
Identify Payment Source (individual – name on check, name of county, IRI, or other source)	Payment Amount
Total Amount for this Individual	\$

1. Name of Youth or Adult	
Identify Payment Source (individual – name on check, name of county, IRI, or other source)	Payment Amount
Total Amount for this Individual	\$

1. Name of Youth or Adult	
Identify Payment Source (individual – name on check, name of county, IRI, or other source)	Payment Amount
Total Amount for this Individual	\$

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Identify Payment Source (individual – name on check, name of county, IRI, or other source)	Payment Amount
Total Amount for this Individual	\$

Total Amount Enclosed for All Listed Above \$ _____

REGISTRATION PACKET

- Coordinator Reply Form (page 14) Due at training or by December 1
- Chaperone Reply Form (page 16) Due by February 1, 2009
- Form A Registration Form
- Form B Assumption of Risk Form (two pages)
- Form D Emergency Medical Release Form
- Form D Health Form (3 pages)
- Form E Code of Conduct (two pages)
- Request for Excused Absence from School (page 29)
- State 4-H Director Letter to School Administrator/Teacher (page 30)
- Directions to Red Lion Hotel Olympia (page 31)
- Thurston County Attractions See also: www.olympiachamber.com
- Thurston County Restaurants (update coming)



4-H Know Your Government Registration Form

First Name: _____

Last Name: _____

Address: _____

City: _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

Please check all that apply:

- Adult Youth Delegate Chaperone Faculty/Staff
- State Ambassador Conference Facilitator Planning Committee

Are you a current 4-H member? Yes No

What county do you live in? _____

Gender: Female Male

Grade (youth only): 9th 10th 11th 12th **Age (youth only):** _____

T-Shirt Size: Small Medium Large X-Large 2X-Large

Dietary Needs: Vegetarian Lactose Intolerant Gluten Free

Legislative District: _____

Did you participate in the 2008 KYG? Yes No

County Staff Signature Required

Title

Refund/Cancellation Policy: Cancellations can be made until February 2, 2009 for full refund. The registration fee less \$50, will be refunded if you cancel prior to February 10, 2009. Substitutions are acceptable at any time.

WASHINGTON STATE UNIVERSITY (WSU)
4-H Know Your Government ACTIVITIES
For Parents or Guardians of Participants Under 18 Years of Age
February 14-17, 2009

ASSUMPTION OF RISK

I understand that there are risks in participating in educational workshops, group activities and recreational breaks at the 4-H Know Your Government Conference.

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the 4-H Know Your Government Conference activities educational workshops, group activities and recreational breaks, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Know Your Government Conference activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS _____ DAY of _____, _____.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

Washington State University
4-H Know Your Government Conference- 2009
Emergency Medical Release

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H Know Your Government staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

NOTE: Minors may consent to certain services in Washington.

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the staff of 4-H Know Your Government from decisions to seek emergency treatment.

Please complete the following:

Student Participant: _____

Date of Birth: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Health-Care Providers:

Name of participant's primary doctor(s): _____ Phone: (____) _____

Name of dentist(s): _____ Phone: (____) _____

Name of orthodontist(s): _____ Phone: (____) _____

Additional health care provider(s) name(s) and contact numbers:

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

Secondary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

Name of another person to contact in case of emergency if you are not available:

Phone: (____) _____ E-mail: _____

Relationship to participant: _____

I voluntarily sign this authorization in consideration for permission for my child to participate in the **2009- 4-H Know Your Government Conference**. I have read it, and I understand its content and significance.

Signature of Parent/Guardian
(For participant less than 18 years of age)

Date

Signature of Participant
(For participant 18 years of age or older)

Date

**4-H Know Your Government
Conference
PARTICIPANT HEALTH
FORM**

FORM D, Page 1/3

Mail this form to your 4-H KYG Coordinator or 4-H County Extension Office

Attendance dates: from: _____ to _____

Participant Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at program _____
Mont/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1. Complete pages 1, 2 and 3 of this form (and make a copy for yourself).
2. Send the original, signed form to program by requested date.

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Additional parent/guardian to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Allergies: No known allergies. This participant is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)
 This participant has a life-threatening allergy. An emergency care plan signed by physician is required.

Diet, Nutrition: This participant eats a regular diet. This participant eats a vegetarian diet (describe details below).
 This participant has special food needs. *(Please describe below.)*

Immunizations:

- My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.
- My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the participant:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?..... Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the participant's life?..... Yes No
(History of abuse, physical or sexual trauma; conduct disorders such as oppositional defiance, developmental disability, Autism Spectrum Disorder?, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
5. Depression (Bipolar)?..... Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. The staff may contact you for additional information.

Participant Name: _____
First Middle Last
 (For Camp Use) Cabin or Group _____
 (For Program Use) Session Code(s) _____

**4-H Know Your Government
Conference
PARTICIPANT HEALTH FORM**

FORM D, PAGE 2/3

Participant Name: _____
First Middle Last
 Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does this participant:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Had Sickle Cell disease or traits?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Had high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Had cardiovascular disease or other heart problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Had fainting or dizziness?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Have a history of heart disease (not limited to conjunctive heart defect, cardiomyopathy, ahbrythemia?)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Passed out/had chest pain during exercise?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Medication:

- This participant will not take any daily medications while attending the activities.
 This participant will take the following daily medication(s) while attending the activities.¹

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.**

Name of medication	Date started	When it is given	Amount or dose given	How it is given
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		

Restrictions:

- I have reviewed the program and activities of the program and feel the participant can participate without restrictions.
 I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations. **(Please describe below.)**

¹ Note: These provisions regarding administration of medication shall not abrogate minors' rights to provide their own consent to certain services under Washington law.

WASHINGTON STATE 4-H KNOW YOUR GOVERNMENT CONFERENCE CODE OF CONDUCT OUTLINE

Washington State 4-H Code of Conduct is to ensure the safety of the 4-H member and to encourage conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. Participants are asked to consider both their underlying attitudes and effects of their behavior in representing themselves, their communities, and the 4-H Program.

Program participants and chaperones are expected to abide by the stated rules for this event:

- ◆ Fully participate in all scheduled activities. Inform your chaperone if you are ill
- ◆ Conduct yourself in a courteous manner, being respectful to all speakers, adults, roommates, and other delegates.
Use appropriate language, exhibit good sportsmanship, and act as a positive role model.
Turn cell phones and pagers to off during scheduled activities.
- ◆ Be in your own rooms, observing the 'lights out' time noted on the schedule, and remain in your room/dorm all night.
- ◆ Display of overly affectionate attention between participants is prohibited
- ◆ Do not tamper with or damage room furnishings, furniture, equipment, etc. Room occupants are responsible for any damage or misconduct. Falsely pulling a fire alarm is a crime.
- ◆ Participants may not drive a car after their arrival at event. You may only ride in a car with an event chaperone.
- ◆ Abide by the dress code; it was developed to prevent participants from becoming offended or uncomfortable during their stay. If you choose to dress inappropriately, you will be asked to change, or be required to wear a conference-issued shirt. By planning ahead and packing appropriately, you will save yourself the inconvenience of changing your attire to ensure that you are contributing to a pleasant conference atmosphere. The following dress code will be enforced for all individuals attending the conference, including chaperones:
 1. Clothing: all clothing shall be neat, clean, acceptable in repair and appearance, and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
 2. Professional attire is strongly encouraged at this event at all the meetings.
 3. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or advertise gang symbols or affiliation are prohibited.
 4. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Halter tops, tube shirts, and spaghetti straps are not appropriate.
 5. The wearing of hats is not considered respectful to speakers. Do not wear a hat at any scheduled activities or in buildings during the conference.

4-H KNOW YOUR GOVERNMENT CONFERENCE INFRACTION PENALTIES CODE OF CONDUCT AGREEMENT

The following behaviors will not be tolerated:

- ◆ The possession or use of alcohol or illegal drugs, tobacco products, stolen goods, weapons, and fireworks.
- ◆ Females in male rooms, males in female rooms.
- ◆ Sexual, physical, or verbal abuse.

Conduct not in keeping with the Washington State 4-H Youth Development standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Law enforcement may be called and illegal behaviors may result in citations or arrest. Consequences may include removal, at the individuals' expense and without refund, from participation in the event; restitution or repayment of damages; sanctions on participation in future local, state, regional, or national 4-H events; forfeiture of financial support for this event; removal from offices held in 4-H; and/or loss of status as a member in good standing, and the privileges associated with that good member status.

We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

I have read the Code of Conduct and agree to abide by it.

Date _____

4-H member signature _____

I understand that I am responsible for my child or ward's behavior. I give my permission to the staff in charge to administer the code. I understand that if my child or ward is sent home, it will be my responsibility and at my own expense, and that conference fee will not be returned.

I, _____, have read the Code of Conduct.

(Name of Parent/Guardian – please print)

Parent/Guardian signature _____

I have read the Code of Conduct and agree to abide by it.

Date _____

Chaperone signature _____

Emergency Contact: _____ Relationship: _____

Emergency Numbers:
(H) _____ (W) _____ (C) _____

4-H Know Your Government Conference February 14-17, 2009

Washington State University Extension 4-H Youth Development
7612 Pioneer Way E.
Puyallup, WA 98371

_____ requests to be excused from school at the following times and dates to
(4-H member name)
participate in Washington State University's 4-H Know Your Government Conference.

Dates: February 14-17, 2009

Times: full day

STUDENT RESPONSIBILITY

I, _____, am a 4-H member and agree to be responsible for notifying my teachers of my intended absences as listed above. I will be responsible for making up all missed school work.

4-H MEMBER SIGNATURE: _____

DATE: _____

LEADER VERIFICATION

As the 4-H leader for the above named youth, I verify that he or she is enrolled in the 4-H Know Your Government Youth Project and will take part in this educational activity as outlined above.

4-H LEADER'S SIGNATURE: _____

DATE: _____

PARENT/GUADIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PHONE: _____

November 1, 2008

Dear School Administrator and Faculty:

I am writing to inform you of an educational opportunity made available to one of your students on February 14-17, 2009. Washington State University Extension 4-H Youth Development will be hosting the **2009 4-H Know Your Government Conference** in Olympia, Washington.

The theme of the conference is "You Be the Judge." The goals of the conference are to explore judicial system and the role of active informed citizens in the judicial system. Through pre-conference orientation participants will learn the different court room roles, the rules of evidence, criminal science investigative skills and the critical role of jurors in the judicial system. Young people will also gain insights into the application of laws and justice in their communities, our state, and across our nation. Young people will learn how to become active members of their communities, inspiring activism to develop knowledge. They will also have an opportunity on to attend a breakfast with their state legislators and are encouraged to tour the state capitol. Our 4-H curriculum is revised each year to reflect current policies and the most accurate information possible.

_____ has been chosen for participation in this event through a county selection process. Your cooperation is needed to allow this 4-H youth to attend. It is my hope that you will excuse _____ from class(es), on February 16th and 17th, 2009, to participate in the WSU 4-H Know Your Government Conference. If you wish to review the Know Your Government curriculum alignment with Washington's Essential Academic Learning Requirements go to our website at www.4h.wsu.edu and click on the 2009 Know Your Government Conference.

If you need more information about the specific program or have questions regarding the educational value of such an experience, please feel free to contact Jan Klein, State 4-H Teen Leadership Coordinator, at (509) 358-7987, or me at (253) 445-4589.

Sincerely,



Pat BoyEs
Director, 4-H Youth Development