

# **Know Your Government 2009: KYG vs. IGNORANCE You be the Judge**



**February 14-17, 2009**

**Red Lion Hotel Olympia**

**COORDINATOR PACKET**

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# WELCOME TO KNOW YOUR GOVERNMENT

Dear Volunteer KYG Conference Coordinator:

Thank you for becoming part of the Washington State 4-H Know Your Government Conference. This exciting annual event gives 4-H teens an opportunity to go to Olympia and learn first hand how our government operates. Every year the participants tour the Capitol, meet with their legislators, and join in hands-on activities that focus on a particular part of government.

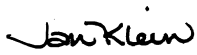
This year's theme is "**KYG vs. Ignorance- You be the Judge!**" It's going to be an exciting topic as youth learn about the judicial system through performing roles in a mock trial. Although delegates will obtain knowledge of how the judicial system work; more importantly we hope they will understand how a citizen can function within it.

Much effort has been put into planning the actual KYG Conference in Olympia in February. I cannot overemphasize the value of your county pre-conference orientations to prepare youth to have the most success at KYG. We have created a Curriculum Packet, which offers ideas and suggestions to help you with this job. It includes plans for **five orientation meetings**. Use the lessons and activities in their entirety or broken into segments that would work best for your group. **The orientation activities are essential to prepare delegates for the State KYG Conference.**

Selection of your county delegates is important, since the 4-H Know Your Government Conference is an intense, four-day experience. Your county can bring as many delegates as you like, but it is important that the **youth are prepared for and able to handle the responsibilities involved in being at a conference. Delegates must be in the 9<sup>th</sup> grade or above.** Younger youth are NOT eligible to attend the conference, but may participate in county orientation/learning sessions and anticipate attending KYG in the future. In conjunction with the County Extension 4-H Youth Educator, County Coordinators will determine the eligibility requirements (i.e., attendance at all orientation meetings, participation in meetings, etc.).

Thank you for choosing to be an integral part of this learning experience. It is our hope that all delegates enjoy and grow from this year's conference.

See you in Olympia!!



Jan Klein  
State 4-H Teen Leadership Coordinator

# A NEWCOMER'S GLIMPSE OF KYG...

Know Your Government (KYG) is a hands-on learning conference focusing on a specific aspect of government. The conference topic and curriculum change yearly, in order to keep it relevant to current events and issues. A Planning Committee, made up of volunteers, takes charge of revising the curriculum and organizing the conference. If you **have any questions** about registration, accommodations, or curriculum, you may contact one of the committee members, who are happy to help.

**In order for a young person to register for KYG, he/she must contact their county Extension office and complete the required paperwork.** There is a cost for registration, and an additional cost for the hotel room, which is paid for by each delegate. Chaperones also pay the registration and hotel room costs. The conference and all related activities take place in and around the Red Lion Hotel Olympia.

In preparation for KYG, youth participate in **county-run orientation sessions.** The Curriculum Packet outlines the learning objectives for each of these orientation sessions. All hand-outs may be photocopied. A Volunteer Coordinator typically manages those orientations, reviewing the activities outlined in the Curriculum Packet. The county determines participation criteria for The Know Your Government Conference. If youth delegates are absent from orientations or do not complete the given tasks and activities, consult your county Extension office for direction regarding whether or not that youth will be included in the county delegation to KYG.

**While at KYG, youth participants are engaged in a series of hands-on activities that generally lead to a large group, culminating product on the final morning. Often, the conference agenda expects youth to assume roles/jobs in order to be fully engaged in their project. You are key to their success through preparation, practice and helping them select carefully their responsibilities.**

The **Legislative Breakfast** is a unique aspect of the conference. All members of the Washington State Legislature are invited to attend and are seated with delegates from their district. This is a time for legislators to learn about 4-H and a time for delegates to ask legislators about issues important to them and their area.

Know Your Government is a time for the delegates to showcase what they have learned during their pre-conference meetings. Therefore the **roles of the coordinators and chaperones** are usually in the background. At times, coordinators and chaperones are asked to sit in on meetings, assist in transporting delegates, supervise activities throughout the agenda, etc. Because this is a youth-managed conference, we have trained youth facilitators who will run the meeting sessions and address participation/behavior issues. We ask you to please be there to support those efforts and be on hand if help is needed.

County Meetings are scheduled to take place as the final meeting for the day, just before delegates go to their own rooms for the night. The purpose of the **County Meetings** is to find out what the delegates did and learned, go over the agenda for the next day, and make sure they get into their own rooms by lights out. The nightly meeting is very laid back and is a way for the delegates to debrief about what happened and maybe discuss things that they may need. You may lead these meetings by prompting questions or by having the delegates take turns facilitating. This may be an

opportunity for members of the Planning Committee to visit your delegation and answer any questions you might have.

Because each year is different, it is **important to review the orientation curriculum** and take note of the specific learning objectives. These identify the skills that delegates will need in order to function effectively and confidently while at KYG. The suggested activities designed are outlined briefly in the curriculum packet. However, the full program description is a work in progress throughout the months leading up to KYG, and is maintained by the Planning Committee.

Thank you for joining the Know Your Government project. This is a long-standing conference, rich in curriculum and learning opportunities. **Please do not hesitate to contact the Planning Committee** for support and/or direction throughout your county orientations. Enjoy this series of activities, and we'll see you in Olympia!

Sincerely,

The Planning Committee

# KYG CORE PLANNING COMMITTEE

Each committee member is responsible for a specific aspect of Know Your Government. If you have any questions, please contact the appropriate committee member.

**Jan Klein, State 4-H Staff  
4-H Teen Leadership  
Coordinator.**

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SSCF #211  
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Spokane, WA 99210-1495  
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[ijklain@wsu.edu](mailto:ijklain@wsu.edu)

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Conference Manager  
Curriculum**

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# Youth/Adult Partnerships

The 4-H Know Your Government program and its success are dependent on the talent offered by our many coordinators and chaperones throughout the state. Because of this, it is natural that the fostering of youth-adult partnerships is another objective of KYG. The excerpt below is taken from the WSU 4-H Youth Development Volunteer Training Module II: Positive Youth Development (page 217).

**“Understanding youth/adult partnerships, youth empowerment, the benefits of planning with youth as partners, and adult leadership styles are beneficial for all adults that work with youth and who work on projects and events aimed at youth. The success of your 4-H programs will often hinge on the attitudes and beliefs you and your volunteers take towards young people. How you see them – as capable or incapable – will establish a precedent in all that you do in your program. There are many perceptions that adults have about the involvement of young people in programs designed for their benefit. These perceptions influence how we choose to involve them in decision-making processes . . .”**

There are three ways to perceive youth: as objects, as recipients, or as resources. When developing a youth/adult partnership, the most effective way is to view **youth as resources**. This perspective acknowledges that adults and young people can share any leadership and decision-making roles involved. This may mean that both young people and adults need to learn the skills necessary for shared leadership. It may require some change in policy and administrative practice within the organization or perhaps a re-formulation of the organization’s mission statement. One of the key ways we can allow this in 4-H is by considering youth as full partners and resources in our work – **adults and youth working together in all kinds of ways from decision-making to program planning**. We want to view youth as resources to our programs and consider it a part of the youth’s responsibility to participate.

## Adults Are Key

Adults play a key role in supporting youth involvement. This is not an opportunity for us to stand by and watch. We must be involved in creating safe spaces and structures that help youth in the process of becoming full partners.

## How to Partner with Delegates:

- Include the delegates in the implementation of this curriculum allowing them to schedule and plan future meetings
- Ask for their assistance by having them lead discussions and/or facilitate the meetings
- Ask them to contact local speakers, plan a field trip, or develop a list of questions to ask experts
- Try not to simply tell the delegates the point of the activity or lesson; use the “reflect and apply” questions to lead the delegates to discover it for themselves

*Know Your Government 2009:  
KYG vs IGNORANCE  
You be the Judge*

**Tentative Conference Agenda**

Saturday

10:00 – 5:00 Schedule Capital Tours, meetings with your legislators  
Schedule a time to take the Tufts Study as a county, either as new or follow up participants  
3:00-5:00 Registration  
4:00-5:00 Chaperones meeting  
5:00-6:00 Welcome, Keynote speaker, Dinner  
6:00-9:00 Challenge Activity  
9:15-10:00 County Meetings

Sunday

Breakfast on your own  
8:30-10:30 Session A  
10:30-11:00 Break  
11:00-noon Session B  
Noon-1:00 Lunch  
1:15-2:00 SA elections  
2:00-5:00 Amazing Race-Get envelopes in Lobby  
5:30-6:30 Dinner  
7:30-9:30 Dance/Movie  
10:00-10:30 County Meeting  
10:30 Lights Out

Monday

8:00-9:00 Breakfast, travel to courtrooms  
9:30-11:30 Session C  
12:00-1:00 Lunch  
1:30-3:30 Session D  
3:30-5:30 Session E  
6:00-10:00 County Night Out, Dinner on your own  
10:30 County Meetings by district facilitated by committee, prep (clothes, questions) for Leg. Breakfast  
11:00 Lights Out

Tuesday

7:00-9:00 Legislative Breakfast (reporters hand out articles)  
9:00-10:00 Check out of hotel  
10:30-11:30 Session F  
11:30-12:30 General Assembly  
12:30 Home

# KYG ESTIMATE OF EXPENSES

## Lodging:

Single/Double Occupancy: \$99.00 per room, per night plus tax

Triple/Quad Occupancy: \$105.00 per room, per night plus tax

## Registration Fee:

Conference Registration Fee: \$165.00

## Meals:

Meals are included in cost of registration, except lunch on day of arrival and all breakfasts will be left to each county/delegation. Monday evening is County Night Out, also allowing your delegation to eat dinner on their own at one of the many area restaurants or by ordering in.

## Miscellaneous:

*(Estimated cost; real totals should be discussed with your Co. Coordinators and parents)*

Gas \$ don't forget to budget for gas to help whoever is driving you

Spending Money \$ this might be for meals when you're traveling or county night out

\$ \_\_\_\_\_ Add lodging cost from above

\$ \_\_\_\_\_ Add Registration Fee

\$ \_\_\_\_\_ Add Meals & Miscellaneous Costs

\$ \_\_\_\_\_ Total **Expenses**

# HOW TO PREPARE

Aside from conducting the County Orientation sessions for your delegates, there are a few other tasks that need to be addressed.

## 1. Hotel Reservations

The hotel suggests making reservations for your delegation prior to January 14 to ensure space available to our group and secure the special rate being offered. *Red Lion Olympia* requires that each reservation be guaranteed by credit card for the amount of the first night's room and tax. Individual cancellations must be made at least forty-eight (48) hours prior to scheduled arrival to avoid forfeiture of deposits already received. Call the Red Lion Olympia at 1-866-896-4000 to make reservations, and ask for the WSU 4-H Know Your Government group rate. Due to safety concerns of the hotel, no more than four delegates are allowed to a room. If you are left with a room housing only 2 or 3, we encourage you to fill the room with delegates from neighboring counties. You may contact Jan Klein, [jklein@wsu.edu](mailto:jklein@wsu.edu) for assistance here.

Note that all rooms reserved for this event will be blocked from long-distance phone use, movies, and room service. Calling cards, however, will work from room phones. Internet access cards will be available to chaperones only, NOT delegates. The hotel will NOT accept personal checks signed by parents who are not present or credit cards if the cardholder is not present. Often, delegates pay a chaperone/coordinator/county contact person for their rooms prior to the event and the entire bill is then paid for by one person. Contact your county Extension office for further direction. The Planning Committee cannot guarantee your final room rate/billing. Please confirm that exact amount with the hotel upon making your reservation.

**2. Schedule Capitol Tour** -- Capitol tours are a NOT part of the KYG Conference agenda this year. We STONGLY encourage you to schedule a tour on Saturday before the KYG Conference or on the way home.

**3. Meeting with Your Legislators** -- We strongly encourage you to schedule a meeting with your legislators. Often this one meeting has the most impact on the youth attending the conference! Please schedule these meetings on Saturday, before check-in or on Tuesday after the conference. For contact information go to: <http://www1.leg.wa.gov/legislature>.

## 3. The Well-Prepared Delegate

The well-prepared delegate will wear/bring a watch with them to KYG, along with writing instruments and paper for note-taking throughout the conference. They will also be aware of cellular phone etiquette, knowing not to have phones in "ring mode" at any time during KYG. They will have reviewed the Code of Conduct beforehand with their chaperones and fully understand the consequences regarding it.

## 4. The Well-Prepared Chaperone

The well-prepared chaperone will be ready and willing to help enforce, and personally abide by, the Code of Conduct throughout KYG. They will be a positive role model to help their delegation follow the rules and policies outlined, and will be ready for a fun, busy, and very rewarding experience. The success of this event particularly rides on the readiness and example of the chaperones. Please contact a member of the Planning Committee or your county Extension office if you have any questions or need support. Thank you for your work and support of this event!

## 5. Dress Code

Appropriate attire for Know Your Government is described below. Please review these guidelines carefully.

### Business/Professional:

### Events: Legislative Breakfast

*For Girls* -- Skirt or slacks with an appropriate blouse or shirt and dress shoes or boots. Dress denim and khakis are appropriate. No athletic/tennis shoes. Please, no hats other than those that respect religious or cultural tradition.

*For Guys* -- Slacks, shirts with ties, dress shoes or boots. Dress denim and khakis are appropriate. No athletic/tennis shoes. Please, no hats other than those that respect religious or cultural tradition.

### Casual, But Nice and Clean:

### Events: Breakout Sessions

*For Girls & Guys* – Nice jeans (no holes, no sagging – must be worn around the waist), khakis or casual pants, nice shirt/T-shirt, polo shirt, or sweater. Please, no hats other than those that respect religious or cultural tradition.

Tours – all delegates are asked to wear their Conference T-shirts throughout their tour.

### **DO NOT BRING:**

Tube tops, halter tops, one-shoulder tops, strapless tops/spaghetti strap tops; anything that exposes midriff, navel, back or cleavage, see through or muscle shirts; clothing that advertises alcoholic beverages, tobacco products, or drugs; clothing that has vulgar, obscene, or offensive messages or images; weapons, illegal substances.

### **BRING:**

Each delegate should come prepared to actively participate in Sessions including paper, writing utensil, a watch, appropriate attire, and a positive “ready to learn and have FUN” attitude.

# IMPORTANT DATES TO REMEMBER

**October 18** Coordinator Training, State 4-H Forum at Everett  
(for information go to: <http://4h.wsu.edu/conferences/Forum/index.htm>)

**December 1** Submit Coordinator Reply - to Jan Klein, [jklein@wsu.edu](mailto:jklein@wsu.edu) or mail to:  
WSUE Spokane, SAC Suite 520, Spokane, WA, 99210  
☺ *(This is how you will be updated with current information and reminders)*

**November-January** County Orientation Meetings  
☺ *(Start early; be ready)*

**December 10** Mail letters of invitation to Legislators for Legislative Breakfast,  
Tuesday, February 17, 2009, 7 am

**January 5, 2009** **KYG on-line registration opens**

**January 13, 2008** Hotel Reservations must be made to secure space available. Ask for the 4-H  
Know Your Government Conference room rate.  
*Red Lion Hotel- Olympia, WA  
2300 Evergreen Park Drive  
Olympia, WA 98502  
(360) 943-4000*

Schedule a Capital tours  
Information at: <http://www.ga.wa.gov/visitor/tour.htm>

**January 31, 2009** **Registration closes.**  
)

**February 14-17, 2009** **KYG Conference in Olympia**

# COUNTY COORDINATOR JOB DESCRIPTION

## DESCRIPTION OF JOB:

You will be teaching and guiding delegates through an educational orientation program designed to prepare them for full participation in the 4-H Know Your Government Conference. You will also guide delegates through the process of registration and other arrangements related to attending KYG.

## DUTIES OF THE JOB:

- ✓ Recruit interested 4-H members.
- ✓ **Attend KYG Coordinator Training at 4-H State Forum, Oct. 18, Everett, WA.**
- ✓ Plan and implement county orientation sessions for delegates. This will include making arrangements for a meeting facility and resource people.
- ✓ Work with your county 4-H Educator/Program Assistant in determining eligibility and participation requirements.
- ✓ Handle registration, travel, hotel, and additional chaperone arrangements.
- ✓ Be informed about the Know Your Government Conference's Code of Conduct, policies, and procedures. Communicate these policies to the delegates and manage the accountability of them.
- ✓ Make sure required ratio of adults to delegates (1 chaperone per 8 delegates) is followed.

## QUALIFICATIONS:

- ✓ Not currently enrolled as a 4-H youth member of the 4-H program.
- ✓ Have attended at least one Know Your Government Conference, if possible.
- ✓ Demonstrate previous positive experience working with 4-H youth at a local and/or state 4-H event.
- ✓ Ability to work effectively with teenagers.
- ✓ Interest in or knowledge of our political systems.
- ✓ Time available for orientation program and conference attendance.
- ✓ Must have passed an official State Patrol background check by the County Extension Office.

## RESPONSIBLE TO:

The State 4-H Teen Leadership Coordinator, Jan Klein, who is responsible to the youth of Washington State 4-H program, County Faculty/Staff, State 4-H Program Coordinator, and State 4-H Program Director.

## OTHER:

The 4-H Know Your Government Committee is available to answer questions regarding orientation and the conference itself.

Due Dec. 1, 2008

## County **Coordinator** Reply Form 2009 4-H Know Your Government

Please return this form by mail or email to: **Jan Klein,**  
State 4-H Teen Leadership Coordinator  
WSUE Spokane, SSCF #211  
PO Box 1495  
Spokane, WA 99210-1495  
[jklein@wsu.edu](mailto:jklein@wsu.edu)

Phone: 509-358-7937  
Cell: 509-220-7900  
Fax: 509-358-7869

**Please return by December 1, 2008. Without this contact information, you will miss valuable updates and information from the planning committee.**

County Name	
Volunteer Coordinator Name(s)	
Coordinator Address	
City/State/Zip Code	
Home Phone Number	
Email Address	
A list serve is available as a resource to assist Coordinators and 4-H Staff with questions and ideas. Both must enroll. Please contact Jan Klein, <a href="mailto:jklein@wsu.edu">jklein@wsu.edu</a> , to sign up	County 4-H Educator's name and email:

# CHAPERONE JOB DESCRIPTION

## DESCRIPTION OF JOB:

You will supervise and assist 4-H youth as they participate and execute responsibilities associated with an approved 4-H event. You will also serve in a positive leadership role and assume responsibility for on-site event coordination of the delegation.

## DUTIES OF THE JOB:

- ✓ Work with 4-H Educator and County Coordinator to become familiar with the conference.
- ✓ Meet and get acquainted with county 4-H delegates.
- ✓ Collect and review the code of conduct agreements with delegates.
- ✓ Go over additional behavior expectations you have for delegates.
- ✓ For chaperones transporting delegates, obtain and carry with you, signed Registration/Parental Consent and Release forms (Form C)
- ✓ Keep copies of each of the following with you at the KYG Conference: Registration/Parental Consent and Release form (Form C), Health form (Form D), and Code of Conduct form (Form E) with you at the KYG Conference.

## DUTIES

- ✓ Attend the Chaperone Meeting at the beginning of the conference.
- ✓ Attend all conference sessions, assisting where needed.
- ✓ **Be with or know where your 4-H delegates are at all times.**
- ✓ Inform the KYG planning committee about problems with delegates as they arise.
- ✓ Be with your delegates at all times when off the hotel grounds.
- ✓ Assist with facilitation of the conference by helping delegates find rooms, understand session directions, etc.
- ✓ Provide counseling, care, and comfort to delegates as needed.
- ✓ Encourage delegates to make new friends and participate fully in all aspects of this conference.
- ✓ Remember: you are a chaperone for ALL the delegates at the KYG Conference, not just the ones you bring from your county.
- ✓

## QUALIFICATIONS:

- ✓ Must be at least 21 years of age.
- ✓ Ability to work effectively with teenagers.
- ✓ Interest in or knowledge of our political system
- ✓ Must have passed an official State Patrol background check by the County Extension Office
- ✓

## RESPONSIBLE TO:

The Conference Chaperone will be responsible to their Head County Chaperone/County Coordinator who is responsible to the State 4-H Teen Leadership Coordinator, Jan Klein, who is responsible to the youth of Washington State 4-H program, County Faculty/Staff, State 4-H Program Coordinator, and State 4-H Program Director.

Due February 1, 2009

**County Chaperone Reply Form**  
**2009 4-H Know Your Government**  
**(Submit only if chaperones are different than coordinator)**

Please return this form by mail or email to:

**Jan Klein,**  
State 4-H Teen Leadership Coordinator  
WSUE Spokane, SSCF #211  
PO Box 1495  
Spokane, WA 99210-1495  
[jlklein@wsu.edu](mailto:jlklein@wsu.edu)

Phone: 509-358-7937  
Cell: 509-220-7900  
Fax: 509-358-7869

**Please return by February 1, 2009.**

County Name	
Chaperone Name(s)	
County	
Cell Phone Number	
Email Address	
A list serve is available as a resource to assist Coordinators, Chaperones and 4-H Staff with questions and ideas. Both must enroll. Please contact Jan Klein, <a href="mailto:jlklein@wsu.edu">jlklein@wsu.edu</a> , to sign up	County 4-H Educator's name and email:

## 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](mailto: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](mailto: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	\$

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	\$

**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](http://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):**     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>    **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

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**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.<sup>1</sup>

"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.)**

<sup>1</sup> 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 16<sup>th</sup> and 17<sup>th</sup>, 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](http://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

**DIRECTIONS TO RED LION HOTEL OLYMPIA**  
**2300 Evergreen Park Drive**  
**Olympia WA 98502**  
**(360) 943-4000**



**Northbound or Southbound I-5:**

**Exit 104** to Highway 101. Take the **Crosby Blvd/Cooper Point Road** exit and turn **right** onto Cooper Point Road. Turn **right** at the first light on Evergreen Park Drive, in front of AM PM. Turn **right** at S. Evergreen Park Drive. Follow this around a bend about ½ mile and turn **right** into the Morris Business Park at Lakeridge Way, straight to the Red Lion Hotel Olympia.

**From the Olympic Peninsula:**

Take Highway 101, Olympia. Exit at **Crosby Blvd/Cooper Point Road** exit. Turn **left** over the freeway. Turn **right** at the light on Evergreen Park Drive, in front of AM PM. Turn **right** at S. Evergreen Park Drive. Follow this around a bend about ½ mile and turn **right** into the Morris Business Park at Lakeridge Way, straight to the Red Lion Hotel Olympia.

**Thurston County Attractions:**

(updated list coming soon)