



FORM A Due to your County by: _____

4-H Know Your Government Registration Form A

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 **Legislative District:** _____

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

Do you want to buy a KYG 2012 T-Shirt (\$15.00, in addition to registration fee)

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

Dietary Needs: Vegetarian Lactose Intolerant Gluten Free Other

Did you participate in the 2011 KYG? Yes No

How many years have you participated in the 4-H KYG Conference? _____

County Staff Signature Required Title

Refund/Cancellation Policy: Cancellations can be made until February 3, 2012 for full refund. The registration fee less \$50.00 will be refunded if you cancel prior to February 10, 2011. Substitutions are acceptable at any time.

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.

Medication:

Medication is any substance a person takes to maintain and/or improve their health. This includes all prescription medication, as well as all over-the counter drugs that are potentially hazardous if misused (e.g., Tylenol, aspirin, cough medicine, cold tablets, vitamins & natural remedies. **All medications must be in their original containers.**

Prescriptions must have the teen's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.

- This participant will not take any daily medications while attending the activities.
- This participant will be **self-administering** the following daily medication(s) while attending the activities.

Does the participant require reasonable accommodation for a disability in order to access or be part of the activities?

What Have We Forgotten to Ask? Please provide in the space below any additional information about the participant that you think important or that may affect his or her ability to fully participate in the program. *Attach additional information if needed.*

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise WSU of a medical condition, risks to your child may increase. I understand the information on this form will be shared on a "need to know" basis with WSU staff and volunteers. I give permission to photocopy this form. 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.

I voluntarily sign this authorization in consideration for permission for my child to participate in **2012 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

Parent/Guardians: Keep a copy for your records.

Form C, 2 pages
A copy must be kept turned in at KYG registration
2nd copy should travel with youth to and from 4-H KYG

Washington State University Extension 4-H---Emergency Medical Consent

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including event staff; 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 event staff from decisions to seek emergency treatment.

Health-Care Providers:

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

Name of dentist(s): _____ Phone: _____

Medical Alerts: _____
(severe allergies / life-threatening conditions / chronic illnesses)

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 (____) _____

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

Phone: (____) _____ Relationship to participant: _____

ASSUMPTION OF RISK

I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract, whose name is set forth on this form. I understand that there are risks in participating in recreational activities and educational workshops at the Washington State University (WSU) 4-H Know Your Government Conference.

Risks in participating in 4-H Know Your Government activities, including workshops, assemblies and Challenge activities, 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, eye damage, burns or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that WSU cannot specifically anticipate and list here. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND 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.**

Signature of Parent / Guardian: _____ **Date:** _____

Parent / Guardian (please print): _____

Witness Signature: _____ **Date:** _____

Witness Name (please print): _____

Adult RELEASE OF CLAIMS AND LIABILITY

Signature of Adult Participant: _____ **Date:** _____

Adult Participant (please print): _____

Witness Signature: _____ **Date:** _____

Witness Name (please print): _____

I understand that, unless noted below; photos, video, or audio recordings made of me at 4-H events may be used by WSU Extension, and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary.

NO Permission ____ **Yes with this condition:**

**I understand that participants at 4-H events and activities may be asked to complete an evaluation. Completion of the evaluation is optional.*

4-H Know Your Government CODE OF CONDUCT OUTLINE

(Please keep this page for your records; you do not need to turn in this page)

The Washington State 4-H Code of Conduct is designed 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, hotel guests and other delegates. Use appropriate language, exhibit good sportsmanship, and act as a positive role model.
- ◆ Turn cell phones off or leave in hotel room during scheduled assemblies & breakout sessions.
- ◆ Be in your own room, 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 occupant are responsible for damage or misconduct. Falsely pulling a fire alarm is a crime.
- ◆ Participants may not drive a car after their arrival at event.
- ◆ Abide by the dress code. If you choose to dress inappropriately, you will be asked to change. 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, 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.

The following behaviors will not be tolerated:

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

Form D
A copy must be kept turned in at KYG registration
2nd copy should stay with your county delegation

4-H TEEN CONFERENCE - INFRACTION PENALTIES

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.

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For Youth

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

Date \_\_\_\_\_ Youth participant 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 \_\_\_\_\_

For Chaperones

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

Date \_\_\_\_\_ Chaperone signature \_\_\_\_\_