

A Conference just for 6th, 7th and 8th grade!



Come see what all
the FUN is about!!!

KY 4-H Summit

Kentucky 4-H Summit is the only event 4-H puts on that is JUST for middle school youth! This is a fun filled three day conference held at the Kentucky Leadership center in Jabez, KY. (near Somerset) 6th, 7th, and 8th graders from across the state will gather in a lodge style setting to learn leadership, take workshops and have some serious fun! There will be games, a dance and lots of other exiting experiences you won't want to miss out on!

- **When:** March 15-17, 2012
- **Where:** Kentucky Leadership Center Near Somerset, KY
- **Cost:** \$100 per person

For More Information, Contact:

Dana Anderson
Extension Agent for 4-H Youth Development

**MERCER COUNTY
EXTENSION OFFICE**

1007 Lexington Road
Harrodsburg, Kentucky 40330

Phone: 859-734.4378
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4-H YOUTH DEVELOPMENT



December 14, 2011

Mercer County Extension Service
Dana R. Anderson
Extension Agent for 4-H Youth Development
1007 Lexington Road
Harrodsburg, Kentucky 40330
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4-H Teen Summit

Who: Any 6th, 7th & 8th grade student

Where: 4-H Leadership Center, Jabez, KY

When: Thursday, March 15-Sunday, March 17, 2012

Why: FUN, Leadership, Challenges, Prizes and more, much more...

Cost: \$100. - Includes transportation, lodging, meals, and a t-shirt.

Registration Deadline - February 15, 2012, please do not delay, limited number allowed to attend



Enclosed is application for the conference. You will be missing a day of school, a field trip which is excused absence. Youth will travel with me to the conference and Bobbie and I will be the chaperones for our youth.

There is the 4-H Community Service Scholarship Program available, you do 10 hours of community service (at a non-profit agency) and be awarded a scholarship of \$40.00. You may do 2 scholarships per year. Please contact the Extension Office for more information and a new revised Community Service Log and Guidelines.

Please return the Teen Summit registration forms to the Extension Office by Wednesday, February 15, 2012. Please let me know if you are or not interested in the program. This is an excellent opportunity, I would like to have Mercer County represented at the conference. If you have any additional questions please contact me at the Extension Office.

Sincerely,

A handwritten signature in blue ink that reads "Dana R. Anderson".

Dana R. Anderson

Mercer County Extension


Agent for 4-H Youth Development

4-H SUMMIT

(You must provide the information asked for on each line. Please type or print legibly)

AGENTS: Please check to see if information on form is accurate and form is legible. Complete a separate registration form for all agents, leaders and teens. All registrations should be submitted on-line using the information given below. **Insurance, Medical & Release information should NOT BE MAILED and should be submitted on-site by the chaperone.**

First Name:						District:	
Last Name:						County:	
Address:						City:	
Zip Code:						Phone Number:	
Birth date:							
Ethnicity:	White	Black	American Indian/Alaskan Native	Asian	Native Hawaiian/Pacific Islander	Hispanic	
Gender:	Male			Female			
Category:	Sixth Grade	Seventh Grade	Eighth Grade		Adult	STC Member	
Name of Parent/Guardian:					Name of Emergency Contact:		
Cell Phone (emergency use):					Other Phone (emergency use):		
We will attempt to honor all roommate requests. However, due to limited room availability we cannot guarantee this.							
Name of Preferred Roommates:					County of Preferred Roommates:		
Special Housing Needs/Considerations:							
Special Meal Needs/Considerations:							
Comments:							
T-Shirt Size	Youth: Medium						
	Adult: Small Medium Large XLarge XXLarge XXXLarge						
AGENT ONLY:	_____ Consider Part of County Quota			_____ Consider on a Space Available Basis			
<small>(Agents: Please see estimated registration for quota)</small>							

 Please initial the following items to verify they are submitted with this registration. These should be retained by the county and brought with applicant to 4-H Summit registration.

- _____ Insurance Form
- _____ Code of Conduct Form
- _____ Medical Information Form
- _____ Pick Up Release Form

 Parent/Guardian Signature:	Date:
 Delegates Signature:	Date:

PARTICIPANT INFORMATION UPDATED 9/27/11

Participant's Name: Last: _____ First: _____ Middle Initial: _____

Address: Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Email: _____

Business Phone: _____ Mother: _____ Father: _____

Home Phone: _____ Mother: _____ Father: _____

Neighbor or Relative's Name: _____ Phone: _____

PHOTO USE PERMISSION

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion/advertising, educational publications or website content which they may create.

Signature of Parent: _____ Date: _____

PARTICIPANT'S PRIMARY MEDICAL/HEALTH INSURANCE INFORMATION

The personal health insurance of the participant will be the primary coverage used should a medical situation arise during the 4-H activity.

Name of Policy Holder: _____

Policy Number: _____ Member ID #: _____

Insurance Co. Name: _____

Insurance Co. Phone #: _____

A copy of the front and back of all insurance and Rx identification cards is attached

IF PARTICIPANT HAS NO HEALTH COVERAGE, CHECK AND SIGN HERE.

There is no health insurance coverage for this participant at this time.

Signature of Parent: _____

Date: _____

Excess Insurance: Insurance coverage is provided on an excess basis only. The participant's personal health insurance policy will be primary and provide coverage for accident and sickness. In the event the participant does not have health insurance this policy will provide coverage for accident and sickness. Pre-existing conditions are not covered.

Summary of Excess Benefits & Limitations

- | | | |
|--|-------------------------------------|----------|
| • Accident Medical Expense (Above Primary Coverage) \$25,000 | • Deductible | \$0 |
| • Accident Dental Expense (Above Primary Coverage) Included | • AD&D and Paralysis, Principal Sum | \$0 |
| • Sickness Medical Expense (Above Primary Coverage) \$500 | • Benefit Period | One Year |

Important – This box must be complete for attendance*

Parent/Guardian Authorizations: All information provided on the Insurance Form, Health History and Medication Form are correct and complete as far as I know. The person herein described has permission to engage in all event activities except as noted. I hereby give permission to the event designee to provide routine health care, administer prescribed and over the counter medications, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the staff to arrange necessary related transportation for appropriate medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event staff to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian/participant (if over 18 years): _____

Printed Name: _____ Date: _____

MEDICAL INFORMATION (the following information must be provided regardless of insurance coverage) Updated 9/27/11

General Questions

Important! Your child should know how to administer their own dosages!

Delegate's Name: _____ Date: _____

Has/does the participant:	Yes	No		Yes
No				
1. Had any recent injury, illness or infectious disease?	[]	[]	16. Ever had back problems?	[] []
2. Have a chronic or recurring illness/condition?	[]	[]	17. Ever had problems with joints; e.g., knees, ankles?	[] []
3. Ever been hospitalized?	[]	[]	18. Have an orthodontic appliance being brought to camp?	[] []
4. Ever had surgery?	[]	[]	19. Have any skin problems (e.g., itching, rash, acne)?	[] []
5. Have frequent headaches?	[]	[]	20. Have diabetes?	[] []
6. Ever had a head injury?	[]	[]	21. Have asthma?	[] []
7. Ever been knocked unconscious?	[]	[]	22. Had mononucleosis in the past 12 months?	[] []
8. Wear glasses, contacts or protective eye wear?	[]	[]	23. Had problems with diarrhea/constipation?	[] []
9. Ever had frequent ear infections?	[]	[]	24. Had problems with sleepwalking?	[] []
10. Ever passed out during or after exercise?	[]	[]	25. If female, have an abnormal menstrual history?	[] []
11. Ever been dizzy during or after exercise?	[]	[]	26. Have a history of bed-wetting?	[] []
12. Ever had seizures?	[]	[]	27. Ever had an eating disorder?	[] []
13. Ever had chest pain during or after exercise?	[]	[]	28. Ever had emotional difficulties for which professional help was sought?	[] []
14. Ever had high blood pressure?	[]	[]		
15. Ever been diagnosed with a heart murmur?	[]	[]		

Please explain any 'yes' answers, noting the number of the questions.

Which of the following has the participant had?	Please give all dates of immunization for:							
	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
[] Measles	DTP		_____	_____	_____	_____	_____	_____
[] Chicken Pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
[] German measles	Tetanus		_____	_____	_____	_____	_____	_____
[] Mumps	Polio		_____	_____	_____	_____	_____	_____
[] Hepatitis A	MMR		_____	_____	_____	_____	_____	_____
[] Hepatitis B	or Measles		_____	_____	_____	_____	_____	_____
[] Hepatitis C	or Mumps		_____	_____	_____	_____	_____	_____
	or Rubella		_____	_____	_____	_____	_____	_____
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Date of last test _____	Hepatitis B		_____	_____	_____	_____	_____	_____
Result [] Positive [] Negative	Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Health History: The following information should be completed for ALL youth and adults attending this program, event or activity. The intent of this information is to provide health care personnel the background to provide appropriate medical treatment. Keep a copy of the completed form for your records. Any changes to this form should be provided to health personnel upon participant's arrival. Provide complete information so that the program coordinators can be aware of the participant's needs.

ALLERGIES List all known Describe reaction and management of the reaction.
Medications allergies (list)

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

Please list any **DIETARY RESTRICTIONS** that apply to participant: _____

4-H EVENT CODE OF CONDUCT

(NOT FOR RESIDENTIAL CAMPS) **UPDATED 9/27/11**

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants, members, volunteers, and 4-H Staff must adhere to the core values of the Kentucky 4-H Youth Development Program, respect the individual rights, safety, and property of others.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES & EVENTS:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages, tobacco products, and/or drugs (except medications prescribed to the participant) is prohibited. Delegation chaperones and/or volunteers are asked to limit use of tobacco products to designated areas.
3. Setting off fire alarms or tampering with fire extinguishing or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene, discriminatory, and/or inappropriate language, roughhousing, and insubordination is prohibited at all times.
6. Youth members should demonstrate respect toward others (youth and adults) and all facilities. Bullying, harassment of others or destruction of property will not be tolerated. These guidelines apply in both "real" and "virtual" (via social media) situations.
7. Display of overly affectionate or inappropriate attention between participants is prohibited.
8. Technological equipment (including but not limited to cell phones, laptops or mp3 players) should not interfere with the program and may not be allowed in certain situations.
9. Additional Code of Conduct guidelines specific to each county, event or program may apply and are included.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

1. All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
2. No member or volunteer may leave the grounds unless permission is granted from the conference director or adult in charge. An adult must accompany 4-H members. Adults must notify another adult in the delegation before leaving the grounds.
3. At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
4. Room service such as phone calls, food, laundry, or others will not be permitted without chaperone permission.

Parents and 4-H'ers (youth in attendance) understand and accept responsibility for the above guidelines. Failure to comply with these guidelines may result in the 4-H'ers being sent home from the activity or event at his/her own expense and/or made ineligible to participate in future 4-H events and activities.

PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing the incident to the adult in charge of the delegation/program and to the person in charge of the event who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

- Sending participant home
- Barring participation from future 4-H events
- Assessing the participant the cost of damages in the event of destruction of property
- Releasing participant to nearest law enforcement agency or authority
- Termination of 4-H membership (youth and adult)

I, _____, have read the Code of Conduct and agree to abide by its rules.
(Print Name)

I understand that infraction of this Code will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____

**Mercer County 4-H
Medical Authorization**

Date: _____



Participant Name: _____
Last First Middle I.

Address: _____
Street
City State Zip

Participant's Social Security No.: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Business Phone: Mother: _____ Step Mother: _____
Father: _____ Step Father: _____

Home Phone: Mother: _____ Step Mother: _____
Father: _____ Step Father: _____

Cell Phone/Pager: Mother: _____ Step Mother: _____
Father: _____ Step Father: _____

Neighbor or Relative (Other than parent/guardian): _____
Name Phone

MEDICAL INFORMATION:

Name of Family Physician: _____
Phone

Name of Dentist: _____
Phone

Date of last physical examination: _____ Date of last tetanus immunization: _____

Drug allergies: _____

Medical Conditions: Heart Condition _____ Diabetes _____ Asthma _____
Rheumatic Fever _____ Epilepsy _____

Are there any restrictions on physical activity? _____
If so, what are they? ? _____

CONSENT TO MEDICAL TREATMENT:

It is understood that authority is given to the University of Kentucky, or anyone they may designate, to have my son/daughter treated for injuries or illnesses they incur during a designated 4-H activity/event.

I understand that I will be notified of a health problem arises, but in the event I cannot be reached by telephone, I hereby give the University of Kentucky, or anyone they may designate, permission to seek medical treatment for the above-named participant, including surgery & on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) As deemed necessary by competent medical personnel.

I am aware that, as the parent or legal guardian of the above-named participant, I will be responsible for any expenses incurred.

Signature (Parent/Guardian if claimant is a minor, under 18) _____ Date _____

Submit a copy of the front & back of all insurance and Rx identification cards.