

**2009 WISCONSIN 4-H & YOUTH CONFERENCE  
ADULT LEADER REGISTRATION WORKSHEET  
PLEASE PRINT ALL INFORMATION NEATLY.**

1. County \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. E-mail address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_
4. Gender:  female  male Grade: "A" for adult T-shirt size:  sm  med  lg  xl  2x  3x
5. Ethnic Code (check one):  Hispanic  Non-Hispanic
6. Race (check all that apply):  Alaskan/ American Indian  Asian  Black/African American  
 Hawaiian/Pacific Islander  White  Other
7. Lodging: Adults will be assigned two per room as close to their delegations as possible.  
Preferred roommate (print) \_\_\_\_\_  
If left blank, a roommate will be assigned by the University Housing office.  
Sorry, rooms cannot be changed later due to University emergency and fire regulations.

8. Seminars: Adults are expected to participate fully in every aspect of Conference including attending and chaperoning seminars. At least one chaperone is needed for every seminar including water sports. Fees are waived for chaperones for those seminars requiring participant fees. Four (4) selections, in preference order (1 being first choice), may be made for each time period. (If you have no preference, indicate 900 - assign as needed; if not available due to ALC meeting, etc., enter 999.) **NOTE: These are preferences; final seminar assignments will be made by the WI state 4-H Office**

Tuesday Afternoon	1. _____	2. _____	3. _____	4. _____
Wednesday Morning	1. _____	2. _____	3. _____	4. _____
Wednesday Afternoon	1. _____	2. _____	3. _____	4. _____

9. Number of years chaperoning Youth Conf. \_\_\_\_\_
10. Occupation: \_\_\_\_\_ Special interests: \_\_\_\_\_
11. I am over age 21 and have completed the Wisconsin 4-H Youth Protection Program  yes  no
12. County delegation(s) and number of delegates **of same** gender that I will chaperone (maximum 15 youth/3 counties):  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
13. I am the **lead chaperone** for the following counties:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
 I have been assigned fewer than 15 youth and am willing to help other counties.  
 Please don't release my name to other counties. I prefer to chaperone only those listed here.
14. Committee assignments (Over for descriptions.) Please rate preferences from 1-4 : (1 being first choice)  
\_\_\_\_\_ Dorm Monitor \_\_\_\_\_ Pedestrian/Safety \_\_\_\_\_ Recreation \_\_\_\_\_ Theater/Assembly
15. A few opportunities exist for the following positions. Check any of special interest:  
 Bus Coordinator  Van Driver  First Aid Coordinator  Boxed Meal Coordinator
16. Future Volunteer Opportunities:  
 I am interested in a leadership role as a Volunteer Coordinator (VC) in 2010 or 2011 in the area of:  
 First Aid  Traffic/Pedestrian  Theater/Assembly  Dorm Monitor  Recreation  
 I am interested in serving on the WI 4-H & Youth Conference Planning Committee for 2010.  
 Because of my special interest in this area, I am interested in working with:  
 Art Team  Drama Co.  Photo Team  Showcase Singers  Youth Leader Council  
 Send me information about other state, national and international 4-H chaperone opportunities.

(over)

## Committee Descriptions

Each adult attending Wisconsin 4-H & Youth Conference is asked to be a member of an on-site working committee. The following descriptions will help you to understand the responsibilities of each. The Dorm Monitor Committee requires the largest number of members. All chaperones will be assigned to at least one Dorm Monitor duty but may express preference for other committees at other times. Requests will be honored as closely as possible.

**Dorm Monitor:** The members of this committee are responsible for monitoring elevators, stairwells and fire escapes in the separate boys' and girls' dorm towers. Chairs are provided; bring a book, letters or portable hobby. In case of emergency such as fire or tornado, Dorm Monitor Committee members assist with orderly evacuation.

**Pedestrian/Safety:** Committee members will be asked to serve as crossing guards, walk with groups and monitor students' behavior on the way to and from seminars and assemblies.

**Recreation:** Members of this committee monitor entry to dances and behavior around the outdoor recreation areas, movies and in the game room during recreation and free time. They may be asked to assist with set-up of equipment for those events.

**Theater/Assemblies:** The members of this committee assist with moving the group into and out of the Memorial Union Theater, distribute programs, assist with seating, check that students are chaperoned and monitor behavior during assemblies.

In addition to these committee tasks, chaperones should anticipate being Seminar Presiders (introducing facilitators, taking roll and distributing/collecting evaluations at seminars). Floor monitors will be assigned to each floor for nightly floor meeting and check-in purposes. Many tasks are anticipated but others are done on an "as needed" basis. We ask that all adults be flexible and willing to help where needed.



*The State and County 4-H staff and  
2009 WI 4-H & Youth Conference Planning Committee  
thank you for volunteering to serve our state youth  
as a chaperone to this educational event.  
We also greatly appreciate your assistance with committee work!  
Without your assistance, this conference could not happen!*

**Chaperones:** Return to your county agent, along with the rest of your registration materials.  
**DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.**

**Agents:** All county chaperone registrations must be submitted electronically  
to the WI 4-H Youth Development Office between April 15-30. This registration form is for county use only  
– do NOT forward to the state 4-H office.

Name: \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Name of county where your 4-H Office is located.)

**WATER SPORT ACTIVITIES**  
**2009 Adult Liability Waiver Form**

**WI 4-H & Youth Conference Water Sport Activities/Seminars, June 16 or June 17, 2009**

Adults participating in water sports\* during Wisconsin 4-H & Youth Conference must read and sign this document and return the original, completed, and signed form to your County 4-H Office along with your registration form. Your signature below indicates that you understand and agree to the terms of this waiver. If this has not been received at time of registration for Wisconsin 4-H & Youth Conference, you **will not** be allowed to participate in those seminars.

In consideration of any and all privileges made available to me by the Hooper Sailing Club and Wisconsin 4-H Youth Development, I agree to assume all risks associated with this Hooper Sailing Club Youth Instruction Program. I acknowledge that water sports\* are hazardous action sports which can cause death by drowning, hypothermia, and other causes not limited by this listing, and acknowledge that permanent disfigurement and disability can result from water sports\* due to broken bones, lacerations, contusions, skin puncture, and other physical results. I hold the Board of Regents of the University System, the Wisconsin Union, Hoopers Sailing Club, Wisconsin 4-H Youth Development, and the officers, employees, and agents of each of these organizations, harmless against all liability and civil litigation in connection with this program, regardless of cause.

I understand the contents of this Liability Waiver form and agree to adhere to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I also confirm that I am able to swim 50 yards unassisted. I recognize that minors must stay with an instructor or chaperone at all times when they are on Union premises. I understand that any participant may be dropped from the program with no registration refunds if his/her behavior is deemed unacceptable or uncontrollable. I agree to assume the obligations for the expenses of repair and/or replacement of program equipment that is attributable to reckless or irresponsible behavior on my part.

Adult leader name (print): \_\_\_\_\_

Adult leader signature: \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed **only** if you are participating in canoeing, kayaking, sailing, windsurfing or any other water sports activity during Wisconsin 4-H & Youth Conference

\*\*"Water sport" is defined as canoeing, kayaking, sailing, windsurfing, or any other water sport activity.

**Chaperones: Return to your county agent, along with the rest of your registration materials.  
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE**

**Agents: Mail by April 10 to:  
Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**



Name: \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Name of county where your 4-H Office is located.)

2009 Wisconsin 4-H & Youth Conference

Madison, Wisconsin, June 15-18, 2009

**UNIVERSITY OF WISCONSIN-EXTENSION  
4-H YOUTH DEVELOPMENT PROGRAMS  
EXPECTATION STATEMENT FOR ADULTS ACCOMPANYING YOUTH ON  
UW-EXTENSION-SPONSORED TRIPS AND EVENTS**

Capable caring adults play important roles in the lives of youth involved in UW-Extension Programs. This expectation statement acknowledges the need to provide the safest environments possible for youth.

This form applies to all adults, paid staff and volunteers, accompanying youth on an UW-Extension-sponsored trip or event. The adult, by signing this form, agrees to conduct herself/himself in a responsible manner and abide by all expectations as stated below.

**Adult Responsibilities**

1. The adult agrees to accept supervision and support from salaried Extension staff or designated management volunteers.
2. The adult will consider herself/himself the youth's support person.
3. The adult will enforce all written and signed behavior expectations established for youth participation in the event. This will include room checks, when appropriate.
4. The adult will keep health and insurance information available as may be needed in handling emergency situations.
5. The adult will not dispense medication, or anything relating to the physical or mental health of the youth, unless specifically directed in writing by the parent or guardian. The adult should be aware of any medications to be taken by youth.
6. In an emergency situation, the adult will act in the best interest of the youth. Seek assistance from an event coordinator, professional staff, medical and/or law enforcement personnel as needed.
7. The adult should provide the youth with information on how he/she can be reached, and should be accessible to consult with youth participants when needed.
8. In the case of inappropriate youth behavior, the adult will consult with local and/or home county contacts in determining appropriate disciplinary action.
9. The accompanying adult will participate in assigned activities and assist as needed.
10. The adult will not ignore situations involving bullying, hazing or harassment, nor fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
11. The use of illegal drugs is not allowed during the entire trip or event.
12. The possession and/or use of alcohol is not allowed during the entire trip or event.
13. The use of any form of tobacco should be avoided in the obvious or known presence of youth.
14. Sexual contact of any type with youth is strictly forbidden. Any behaviors considered in violation of the Wisconsin child abuse and sexual assault laws are grounds for suspension of affiliation until investigation is completed.
15. Swearing, cursing and abusive language are not condoned.
16. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with youth, only with a valid operator's license and the legally required insurance coverage.
17. The adult will observe the curfew hour. The adult is expected to remain in the dormitory during curfew hours.
18. The adult will make contact with each youth for whom he/she has assumed supervision responsibility at least twice a day.

(over)

**Enforcement**

1. Allegations should be written and signed.
2. The person or group responsible should investigate the charge to determine what type of action is needed.
3. The Executive Committee of the State 4-H Adult and Youth Leader Councils will determine action for failure to meet the expectations for state-sponsored events/activities for volunteer staff.
4. The county 4-H Leader Association Boards will determine action for failure to meet the expectations of county-sponsored events/activities for volunteer staff.
5. The county office chair will receive complaints and determine action for state staff.

**Support for Adults Accompanying Youth on UW-Extension-Sponsored Trips/Activities:**

1. Orientation will be provided.
2. Youth taking part in overnight activities will submit a signed Expectation Statement that they understand the rules and the roles of the accompanying adult(s). Youth will be required to submit a health form that includes information on any special needs, medication to be taken, and how to contact a parent or guardian.

**Adult Leader’s Statement of Agreement:**

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to UW-Extension to use such images of this participant without any expectation of compensation.

\_\_\_\_\_  
Signature of Adult Leader

\_\_\_\_\_  
Date

**Chaperones: Return to your county agent, along with the rest of your registration materials.  
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE**

**Agents: Mail by April 10 to:  
Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

Name: \_\_\_\_\_  
(Print Last Name) (Print First Name)

County \_\_\_\_\_  
(Name of county where your 4-H Office is located.)

## ADULT MEDICAL HISTORY AND CONSENT FOR EMERGENCY TREATMENT

**University of Wisconsin-Extension  
4-H & Youth Development Programs  
Wisconsin 4-H & Youth Conference, Madison WI June 15-18, 2009**

Attach  
photo  
here  
(with name  
on back)

This information is confidential and necessary for proper care by staff advisors and medical personnel.  
Information must be legibly printed in black ink or typed.

Do not leave empty blanks; enter N/A if not applicable. Incomplete forms will be returned!

**Participant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  Female  Male

**Health Information:** Have you experienced any of the following illnesses/injuries/diseases/disorders/problems or symptoms? If you check "yes" to any of the following, **enter the details** below including diagnosis, treatment, date of illness or injury, name of hospital, name of physician and telephone number. Continue on reverse side of page, if necessary.

YES	NO	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to bee stings. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to dyes (red dye, food coloring). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to environmental factors (pollen, mold, dust, hay fever). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to latex. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to medicines including penicillin, tetanus, etc. Explain _____ How do you react to the(se) allergy(ies)? _____ Normal treatment? _____
<input type="checkbox"/>	<input type="checkbox"/>	Bladder or bowel control problems. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or hypoglycemia (low blood sugar). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders (anorexia, bulimia or other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Emotional or mental (reaction to stress, frequent anxiety, excessive fears, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Exposure to a contagious or serious disease within last 12 months. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Eye or ear (color blindness, peripheral vision, depth perception, near or farsightedness, ear infection, impaired hearing or other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney or gall bladder. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Limiting physical conditions (sitting, standing, walking). Is special equipment or assistance needed? Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal (arthritis, recent fractures, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Nervous system (breakdown, convulsions, dizziness, epilepsy, loss of consciousness, paralysis, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Nose or throat (thyroid, lymph nodes, carotid arteries, other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Reproductive (menstrual difficulties, other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory (asthma, persistent/chronic cough, abnormal chest x-ray, tuberculosis, or any other lung problems). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin (rash, other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Sleep (sleep apnea, sleepwalking, recurrent nightmares, other). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver or intestinal (ulcers, jaundice, hernia, colitis, indigestion, etc.). Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Surgical operations, accidents or injuries in the past 2 years. Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Vascular and blood (anemia; Hepatitis B or C; hemophilia, HIV positive; HBV; migraines, nosebleeds, transfusions, unconsciousness/fainting, other). Explain _____

(over)

**Continued explanations of "yes" answers:**

**Dietary needs/restrictions:** \_\_\_\_\_  
List special dietary needs or restrictions: \_\_\_\_\_

**General attitude/mood/alertness** (shyness, energy level, cooperation) \_\_\_\_\_

**Immunizations:** list dates of last vaccines. \_\_\_\_\_  
Hepatitis \_\_\_\_\_ Influenza \_\_\_\_\_ Tetanus \_\_\_\_\_

**Medications:** List all prescriptions/non-prescription medications participant will require during the program, listing dosages, time medications are taken, and sensitivity to them: \_\_\_\_\_

**Social habits** (smoking or chewing tobacco, alcohol consumption, illicit drug use). Explain \_\_\_\_\_

**Insurance information:** Currently covered by insurance: \_\_\_ Yes \_\_\_ No  
Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Physician information:**  
Family physician or clinic \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Date of last medical examination: \_\_\_\_\_ Are you under a doctor's care now.  yes  no

**Emergency Contact:**  
Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Evening phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Alternate contact in case of emergency:**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

*I understand that failure to provide complete information on this health form could hinder staff's ability to provide adequate care and could result in termination of my participation in this event.*

*I consider my health to be:  Excellent  Good  Fair  Poor I believe that I can **safely participate** in this program. I further declare that I have no physical, mental, or communicable conditions that will interfere with participation in this program.*

*I will notify the WI 4-H Youth Development Office of any changes in health or prescriptions between now and departure. I understand that if a serious illness or injury develops, medical and/or hospital care will be given but Wisconsin 4-H and program staff are not responsible in case of accidental injury or illness. The person noted above will be notified as soon as possible in case of medical emergency while I am participating in this program. If a medical emergency arises, I give permission for emergency treatment or surgery as recommended by an attending physician. I agree to cover the cost of prescriptions and emergency transportation to medical facilities or home, if necessary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chaperones: Return to your county agent, along with the rest of your registration materials.  
DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.**

**Agents: Mail by April 10 to:  
Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

## 2009 Wisconsin 4-H & Youth Conference Excused Absence/Early Departure Request

Every Wisconsin 4-H & Youth Conference participant is expected to remain on site until 10:45 a.m. Thursday, June 18, 2009 unless an Excused Absence/Early Departure Request form is submitted to the State 4-H Youth Development Office or Conference Headquarters. UW Conference Housing staff, 4-H Staff and chaperones must be able to locate all registered participants in case of emergency.

The following person is requesting to leave the conference site prior to the end of Wisconsin 4-H & Youth Conference:

\_\_\_\_\_ will leave the conference site to go  
(print name of participant)

\_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(destination) (time) (day) (date)

He/she will return to the conference at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(time) (day) (date)

He/she will not return to the conference. (Be sure to inform your chaperone!)

This participant should be released from the conference at the Conference Headquarters on the first floor of Witte Hall, 615 W. Johnson Street, Madison to:

\_\_\_\_\_ (\_\_\_\_\_  
(print name of person meeting participant at Headquarters) (relationship to participant)

\_\_\_\_\_ (date)  
(participant signature)

\_\_\_\_\_ (date)  
(parent/guardian's signature)

### To be completed at the time of departure:

Released by: \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
(Headquarters staff person's signature) (time) (date)

Signature of person picking up the participant: \_\_\_\_\_

**Give to your chaperone to turn in at on-site registration, Monday, June 15, 2009.**



## 2009 Wisconsin 4-H & Youth Conference Youth and Adult Health Update

To be completed immediately prior to Conference **ONLY FOR** health changes since April 10.

**(IF THERE ARE NO CHANGES, THIS FORM IS NOT NEEDED)**

**This information is required for your safety and will be shared with emergency medical personnel.**

1. Original health forms were submitted in April with registration, acceptance and expectation forms. Since then, have you incurred an illness or injury that required hospitalization?  Yes  No

Nature of illness or injury \_\_\_\_\_

2. Have you been exposed to any communicable disease within the two weeks prior to departing for Wisconsin 4-H & Youth Conference, such as mononucleosis, hepatitis, chicken pox, influenza, etc.?  Yes  No

Type of illness \_\_\_\_\_

3. List all prescriptions and medications you will bring to Wisconsin 4-H & Youth Conference.

Medication	for:	Special instructions:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delegate name \_\_\_\_\_  
(print)

Delegate signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Give to your chaperone to turn in at on-site registration, Monday, June 15, 2009.  
(only if there have been changes in your health or medication status).**





## 2009 WISCONSIN 4-H & YOUTH CONFERENCE TALENT SHOW APPLICATION

**Got a great act?** We're seeking talent for the Wednesday evening Talent Show! Ideas might include playing an instrument, dancing, clowning, magic act, short skits, singing or other original clean fun.

**You may submit** one (1) act of no more than five (5) minutes in length. You may combine efforts with others if you wish. Submit your application on this form by April 10.

**Auditions will be held** on-site on Monday, June 15 between 4:15-4:45 p.m. and Tuesday, June 16, between 3:30 p.m. and 4:45 p.m. in Room 34 near the conference headquarters on the first floor of Witte Hall. Time constraints will limit the number of acts that may perform Wednesday evening.

**Conference staff will provide** microphones, a piano and a boom box/CD player but participants furnish their own props, other instruments, costumes and music. Please dub any musical number(s) you need onto a blank CD for the show and bring it to Conference. Sorry, the conference cannot provide a piano accompanist.

**Performers are responsible for supplying their materials** to the stage manager (or appropriate person) and for collecting those materials after their performance. State staff are not responsible for lost/stolen items.

County(s) \_\_\_\_\_

Name of Act: \_\_\_\_\_

Length of act (no more than 5 minutes ) \_\_\_\_\_ minutes Number of performers:

\_\_\_\_\_  
Name(s) of Performer(s )

\_\_\_\_\_

—

yes  no I (we) will need a CD player.

yes  no I (we) will need a piano.

**Briefly describe the act below.**

**DUE APRIL 10**  
**Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon St, Madison WI 53703**







Name: \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Name of county where your 4-H Office is located.)

## Devil's Lake Rock Climbing Seminar Liability Form for Adults & Youth

### Upham Woods 4-H Environmental Education Center Wisconsin 4-H Adventure Education Program

#### Acknowledgment of Risks Document

#### Wisconsin 4-H & Youth Conference Rock Climbing Workshop, June 16 or June 17, 2009

I understand and acknowledge that the activity in which I (or the under age 18 participant) am about to voluntarily engage in as a participant has inherent risks, some known and some unanticipated, which could result in harm, injury (physical or mental), illness, disease, death, or damages to me (or to the under age 18 participant), or my property or to other third parties.

I understand and accept that the Wisconsin 4-H Adventure Education Program activity noted above exposes the participant to many risks. Some of the risks which may be present or occur include, but are not limited to:

- The hazards of traveling in steep terrain, including the potential of falling.
- Rock hazards; including loose rocks falling from above, climbing or rappelling on unfamiliar, steep, and sometimes unstable rock faces.
- Using harnesses, ropes carabiners, and other climbing equipment.
- Man-made objects falling from above including but not limited to ropes, carabiners, other climbing gear, packs, cameras, and personal gear.
- Acts or omissions, negligent or non-negligent of Upham Woods 4-H Environmental Education Center whether in instruction, selection of climbing routes or resting sites, protection, advice or otherwise.
- Carrying ropes and other climbing equipment.
- Hiking or walking in rugged terrain, including slippery rocks.
- Injuries inflicted by animals, insects, reptiles or plants.
- The forces of nature including lightning, weather changes, hypothermia, hyperthermia, sunburn, high winds, and others not named.
- The physical exertion associated with the outdoor activity.
- Traveling in a vehicle not driven by the participant.
- Consumption of food or drink.

To reduce the possibility of injuries, a number of safety standards are adhered to, including:

- Each top rope anchor consists of three independent anchors, each which could individually hold the weight of a climber.
- The top rope anchors are constructed as equalized systems that minimize extension and maintain redundancy.
- Detailed equipment logs are maintained on all equipment. Equipment is retired when it has exceeded its usable lifetime or a flaw is noted during regular inspections.
- All equipment is inspected before and after each climbing program
- All participants and facilitators are required to wear a helmet when they are belaying, climbing, or are in the area of possible rock fall.
- If a participant is not wearing a helmet, they must remain in or behind the designated staging area until they have a helmet.
- Participants must remove all jewelry (rings, earrings, necklaces, watches) and secure long hair before climbing or belaying.

- All climbers must tie in with a retraced figure eight knot and backup knot.
- All harnesses (climber's and belayer's) are double checked for proper adjustments and all buckles are doubled back before the climber may climb.
- Participants may not climb until the proper communication dialog is completed between the climber and belayer ("on belay?"... "belay is on"... "climbing?"... "climb on")
- All participants and facilitators must be tied in when they are closer than a head's length from the edge of a rock face.
- All participants must be aware of their proximity to the edge and not cross any boundaries set by the facilitators.
- All rock climbing gear used by the 4-H Adventure Education Program is UIAA or CEN approved.
- When belaying, the "match-lock-slide" (or "palms down") technique must be used. The break hand may NEVER leave the rope.
- When rappelling, all participants are backup belayed and the belayer is anchored in at the top of the rappel.

I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity.

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

\_\_\_\_\_  
Signature of Participant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

***Participants:* Return to your county agent, along with the rest of your registration materials.**

**DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.**

***Agents:* Mail by April 10 to:  
Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

Name: \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Name of county where your 4-H Office is located.)

**WATER SPORT ACTIVITIES**  
**2009 Youth Liability Waiver Form**

To be completed for every delegate registering for water sport seminars.

**WI 4-H & Youth Conference Water Sport Activities/Seminars, June 16 or June 17, 2009**

Parent or legal guardian of youth participating in water sports\* during Wisconsin 4-H & Youth Conference must read and sign this document and return the completed form to your County 4-H Office along with your registration form. Your signature below indicates that you understand and agree to the terms of this waiver. If this has not been received at time of registration for Wisconsin 4-H & Youth Conference, your son/daughter **will not** be allowed to participate in those seminars.

In consideration of any and all privileges made available to my son/daughter (print son/daughter's name), \_\_\_\_\_, by the Hooper Sailing Club and Wisconsin 4-H Youth Development, I agree to assume all risks associated with this Hooper Sailing Club Youth Instruction Program. I acknowledge that water sports\* are hazardous action sports which can cause death by drowning, hypothermia, and other causes not limited by this listing, and acknowledge that permanent disfigurement and disability can result from water sports\* due to broken bones, lacerations, contusions, skin puncture, and other physical results. I hold the Board of Regents of the University System, the Wisconsin Union, Hoopers Sailing Club, Wisconsin 4-H Youth Development, and the officers, employees, and agents of each of these organizations, harmless against all liability and civil litigation in connection with this program, regardless of cause.

I understand the contents of this Liability Waiver form and agree to see that my son/daughter adheres to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I also confirm that the participant is able to swim 50 yards unassisted. I recognize that minors must stay with an instructor or chaperone at all times when they are on Union premises. I understand that the participant may be dropped from the program with no registration refunds if his/her behavior is deemed unacceptable or uncontrollable. I agree to assume the obligations for the expenses of repair and/or replacement of program equipment that is attributable to my son/daughter's reckless or irresponsible behavior.

Parent or guardian name (print): \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed **only** if your son/daughter is participating in canoeing, kayaking, sailing, windsurfing or any other water sports activity during Wisconsin 4-H & Youth Conference

\*Water sport is defined as canoeing, kayaking, sailing, windsurfing, or any other water activity.

**Delegates: Return to your county agent, along with the rest of your registration materials. DO NOT SEND TO THE STATE 4-H YOUTH DEVELOPMENT OFFICE.**

**Agents: Mail by April 10 to:  
Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**



Name: \_\_\_\_\_ County \_\_\_\_\_  
(Print Last Name) (Print First Name) (Name of county where your 4-H Office is located.)

2009 Wisconsin 4-H & Youth Conference, Madison, Wisconsin

June 15-18, 2009

**University of Wisconsin-Extension**  
**4-H/Youth Development Programs**  
**Expectation Statement for Youth on**  
**UW-Extension Sponsored Trips and Events**

This form applies to all youth on UW-Extension sponsored trips or events. The youth, by signing this form, agrees to conduct him/herself in a responsible manner and abide by all expectations as stated.

**Youth responsibilities:**

1. Attend and participate in program orientation; prepare for the program in advance.
2. Be on time and participate in all scheduled sessions including workshops, recreation, evening activities and delegation meetings. Those not feeling well or having a schedule conflict must inform an adult leader.
3. Bring back ideas and experiences to share with county's youth and/or adult leader groups.
4. Cooperate with the chaperones' and program staff's leadership. Contact the chaperone in regard to any conflict or problems during the event.
5. Show respect and courtesy for programs and speakers in progress by remaining for the entire program and be courteous when taking flash photos during speeches and entertainment.
6. Be respectful of public property and the facilities used during the activity or event. Be responsible for your own property.
7. Behave in accordance with applicable federal, state and municipal laws.
8. Behave in ways that are acceptable to other delegates, chaperones and hosting organizations and uphold high standards for the group by respecting the ideas, abilities and bodies of others. Use of language and gestures found to be objectionable to others is not permitted.
9. Refrain from participating in initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.
10. Remain on the premises or assigned program area throughout the program; unauthorized absence is not permitted.
11. Visiting or leaving the premises with non-registered persons is discouraged. Adults in charge must be notified in advance by the participant's parent/guardian if guests are expected.
12. Refrain from driving any vehicle during the event without expressed permission of the group advisor.
13. Wear program nametag to all program activities unless removal is specified. Use good judgment in selecting clothing appropriate for weather and occasion, abiding by any established dress code. Clothing that is revealing or with obscene language/pictures or with drug, tobacco or alcohol advertising is never allowed.
14. Abide by the lodging assignments for the entire event for easy location in emergency. No room switching is allowed.
15. Abide by established written curfew and quiet times or by chaperone's spoken word. (Curfew means being in the assigned room with the lights out.) Be quiet and considerate of others when they wish to sleep. Do not order food to be delivered after curfew.
16. Respect the privacy of others. Visiting sleeping rooms of any member of the opposite sex is forbidden.
17. Youth are encouraged to interact with all members of the group and not pair up with another person. Necking, kissing and other displays of personal affection are in poor taste and will not be tolerated. Refrain from all sexual activity during the program.
18. Possession and/or use of alcohol, tobacco, fireworks, weapons, illicit drugs or medication(s) unapproved by program staff will result in disciplinary action for the offender(s). Chaperones must be informed of all prescription medications present during the program.

**Participants and their families understand the adult chaperone's role is:**

1. To serve as an advocate for the participants;
2. To maintain regular contact with participants to monitor health, attitude, problem situations, behavior, etc.
3. To be aware of all prescription medication, but not to dispense medication;
4. To make appropriate decisions in emergency situations to enhance the health and well-being of the participants;
5. To have responsibility to determine the occurrence of inappropriate behavior and take appropriate actions as follows.

(over)

**Chaperones will take the following steps for violations of this Expectation Agreement:**

1. Counsel with involved participants to reach an understanding and stop the inappropriate behavior.
2. Take disciplinary actions at the time of occurrence. This will not include physical punishment but might consist of restriction of privileges, restriction to an assigned area, apology to the group, additional duties, etc.
3. Inform parents and local Extension personnel of misbehavior at time of occurrence if chaperone feels severity of situation warrants such immediate notification.
4. When the infraction is serious, decide as part of a committee of at least two adults to remove a participant from the program and send him/her home immediately. (Participants removed from the program will wait for transportation at the General Headquarters or other area designated by program representatives.)
5. Write a letter describing the disruptive behavior to be sent to the participant's parents, the WI 4-H Youth Development Office and the County 4-H Office within ten (10) days after the event concludes.

**Consequences of disciplinary action:**

1. Families of participants removed from the program will be responsible for the participants' transportation, including bus/plane fares and supplemental "Unaccompanied Child" fares or expenses for a chaperone. Event registration, lodging or other participant fees will not be reimbursed.
2. If damage/destruction of property occurred, participants will be assessed for the cost of damages and repairs.
3. Participants removed from the program may be required to relinquish all funds donated to help meet his/her financial obligations for the event.
4. Youth who do not follow the guidelines in this Expectation Agreement while participating in a 4-H event may be required to appear before a county Disciplinary Review Committee in addition to consequences that occur during the event.
5. Disciplinary action may result in restricted opportunity to participate in future 4-H related activities for the involved members.
6. Youth who break public laws will be dismissed from the program and will be subject to legal action by law enforcement authorities.

**Youth Statement of Agreement:**

I have read and understand this Expectation Agreement and will abide by it.

\_\_\_\_\_  
Youth Participant's Signature

\_\_\_\_\_  
Date

**Parent/Guardian Statement of Agreement:**

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to UW-Extension to use such images of this participant without any expectation of compensation.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Address and telephone where parent or guardian can be reached during this program:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime phone: \_(\_\_\_\_\_)\_\_\_\_\_ Night phone: \_(\_\_\_\_\_)\_\_\_\_\_

**Delegates: Return to your county agent, along with the rest of your registration materials.  
DO NOT SEND TO THE STATE OFFICE.**

**Agents: Mail by April 10 to:  
Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**

Name: \_\_\_\_\_ County \_\_\_\_\_  
 (Print Last Name) (Print First Name) (Name of county where your 4-H Office is located.)

**YOUTH HEALTH INFORMATION &  
 CONSENT FOR EMERGENCY TREATMENT**

**University of Wisconsin Extension  
 4-H & Youth Development Programs  
 WI 4-H & Youth Conference, Madison WI June 15-18, 2009**

Attach  
 photo  
 here  
 (with name  
 on back)

This information is confidential and necessary for proper care by staff advisors and medical personnel.  
 Information must be legibly printed in black ink or typed.

Do not leave empty blanks; enter N/A if not applicable. Incomplete forms will be returned!

**Participant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  Female  Male

**Health:** Has this delegate experienced any of the following illnesses/injuries/diseases/disorders/problems or symptoms? If you check "yes" to any of the following, *enter the details below* including diagnosis, treatment, date of illness or injury, name of hospital, name of physician and telephone number. Continue on reverse side of page, if necessary.

- | YES                      | NO                       | CONDITION                                                                                                                                                                   |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to bee stings. Explain _____                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to dyes (red dye, food coloring). Explain _____                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to environmental factors (pollen, mold, dust, hay fever). Explain _____                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to foods. Explain _____                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to latex. Explain _____                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to medicines including penicillin, tetanus, etc. Explain _____<br>How does this person react to the(se) allergy(ies)? _____<br>Normal treatment? _____            |
| <input type="checkbox"/> | <input type="checkbox"/> | Bladder or bowel control, bedwetting. Explain _____                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes or hypoglycemia (low blood sugar). Explain _____                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders (anorexia, bulimia or other). Explain _____                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional or mental (severe homesickness, reaction to stress, frequent anxiety, excessive fears, etc.).<br>Explain concern and suggested method of handling it _____        |
| <input type="checkbox"/> | <input type="checkbox"/> | Exposure to a contagious or serious disease within last 12 months. Explain _____                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye or ear (color blindness, peripheral vision, depth perception, near or farsightedness, ear infection, impaired hearing or other). Explain _____                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.).<br>Explain _____                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney or gall bladder. Explain _____                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning or attention disorders. Explain _____                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Limiting physical conditions (sitting, standing, walking). Is special equipment or assistance needed?<br>Explain _____                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular/skeletal (arthritis, recent fractures, etc.). Explain _____                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous system (convulsions, epilepsy, dizziness, etc.). Explain _____                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Nose or throat (thyroid, lymph nodes, carotid arteries, other). Explain _____                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Reproductive (menstrual difficulties, other). Explain _____                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory (asthma, persistent/chronic cough, abnormal chest x-ray, tuberculosis, or any other lung problems). Explain _____                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin (rash, other). Explain _____                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep (sleepwalking, recurrent nightmares, other). Explain _____                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Stomach, liver or intestinal (ulcers, jaundice, hernia, colitis, indigestion, etc.).<br>Explain _____                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgical operations, accidents or injuries in the past 2 years. Explain _____                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Vascular and blood (anemia; Hepatitis B or C; hemophilia, HIV positive; HBV; migraines, nosebleeds, transfusions, unconsciousness/fainting, other). Explain _____<br>(over) |

**Continued explanations of "yes" answers:**

**Other important health information** that the chaperones should know? \_\_\_\_\_

**Contagious diseases:** List dates of exposure and occurrence of the following: Measles, Mumps, Rubella, Chicken Pox, Mononucleosis, Tuberculosis, Pneumonia \_\_\_\_\_

**Dietary needs/restrictions:**

List special dietary needs or restrictions: \_\_\_\_\_

**General attitude/mood/alertness** (shyness, energy level, cooperation) \_\_\_\_\_

**Immunizations:** list dates of last vaccines:

Hepatitis \_\_\_\_\_ Influenza \_\_\_\_\_ Tetanus \_\_\_\_\_ MMR (Measles/Mumps/Rubella) \_\_\_\_\_

Was this a second MMR immunization?  yes  no

**Medications:**

List all prescriptions/non-prescription medications participant will require during the program, listing dosages, time medications are taken, and sensitivity to them: \_\_\_\_\_

Do you want a chaperone to collect and dispense medications?  yes  no

**Social habits** (smoking or chewing tobacco, alcohol consumption, illicit drug use). Explain \_\_\_\_\_

**Insurance information:** Currently covered by insurance: \_\_\_ Yes \_\_\_ No

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Physician information:**

Family physician or clinic \_\_\_\_\_ Phone \_(\_\_\_\_\_)\_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Is participant under a doctor's care now?  yes  no

**Parent/Guardian information:**

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_(\_\_\_\_\_)\_\_\_\_\_ Evening phone \_(\_\_\_\_\_)\_\_\_\_\_

**Alternate contact in case of emergency:**

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Day phone \_(\_\_\_\_\_)\_\_\_\_\_ Evening phone \_(\_\_\_\_\_)\_\_\_\_\_

*I understand that failure to provide complete information on this health form could hinder chaperones' and staff's ability to provide adequate care and could result in termination of my son/daughter's participation in this event.*

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

I will notify the WI 4-H and Youth Development of any changes in health or prescriptions between now and departure. I understand my son/daughter will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given but Wisconsin 4-H and program staff are not responsible in case of accidental injury or illness. I or the person noted above will be notified as soon as possible in case of medical emergency while my son/daughter is participating in this program. If a medical emergency arises, I give permission for emergency treatment or surgery as recommended by an attending physician. I agree to cover the cost of prescriptions and emergency transportation to medical facilities or home, if necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Agents: Mail by April 10 to Wisconsin 4-H Outreach, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703.**