Northwest Regional Energizer Held

The second annual Northwest Regional Energizer was held on Saturday, January 24, 2015 in Hamilton. The energizer was open 4-H members from the nineteen counties in the Northwest Region.

Hamilton Elementary School in Caldwell County was the site of the energizer. There were 49 workshop facilitators who co-led 31 different workshops. Workshop facilitators included regional and campus 4-H specialists, 4-H staff, youth and program partners such as the MO Department of Conservation, the Missouri Star Quilt Company of Hamilton and Crowder State Park in Trenton. The day included 286 youth and adult participants. Workshops included robotics, Show-Me Quality Assurance training, Missouri Volunteer Orientation, Social Media, Getting the Best Photos, Let’s Demonstrate, Team Building, Community Service and many more.

Members of the Missouri State 4-H Council also participated in the day. Those members present included Drew Davis, Jensen Mays, Cooper Sadwosky, Blake Summers, Kara Berry, Marci Eggers, and Nick Dungy. They spent the day assisting presenters, helping with registration, taking photographs and interacting with the 4-H members present. Plans are being made for a 2016 energizer.

CONGRATULATIONS!

Congratulations to the Missouri 4-H Senior Livestock judging team who participated in the 2015 Denver Stock Show 4-H and FFA Livestock judging event. The team, who placed in the top 14 teams, was made up of 4-Hers from Harrison County! Those competing in Denver were Cooper Sadwosky, Grant Taylor, Tanner Daugherty, and Kinslee Vandiver. The team is coached by Teela Sadowsky and Adam Carrothers.

Sadowsky is the club leader of the Pawnee Pepper 4-H Club in Eagleville. When asked if she thought the team would stay together for another chance to qualify to judge in Louisville, KY this year she stated, “That is their plan. We are getting ready to judge in March in Columbia and then are hoping to hit a few other opportunities. I think they are really serious about wanting to do well. They all understand it takes time and practice to compete at the top level.”

The top finisher for the Harrison County team was Cooper Sadwosky, who placed fifth overall, at the January event.
Through Clover Kids clubs, children learn how to get along, share and work in groups, explore their interests and build self-confidence. Each Clover Kids Corner provides an activity, information or other materials that Clover Kids leaders can use in planning and implementing experiences that introduce 5- to 7-year-olds to the 4-H concept of learning by doing.

Wild Bird Treat

YOU WILL NEED

- Wild bird seed mix
- Pinecones
- Creamy peanut butter
- String, thread, or twine
- Newspaper

HERE’S HOW

1. Pour a pile of bird seed onto the newspaper.

2. Using a dull knife, fill the spaces in the pinecone with peanut butter.

3. Roll the sticky pinecone in the bird seed and push the seeds into the crevices with your fingers. Make sure you fill it up with seeds.

4. Tie the string onto the top of the pinecone. Cut the string, leaving it at least six inches long.

5. Hang the pinecone from a tree outside as a treat for wild birds.

http://kids.nationalgeographic.com/kids/activities/crafts/

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Animal Ownership Dates

<table>
<thead>
<tr>
<th>Animal Type</th>
<th>Length of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef Cattle</td>
<td>Steers 3/1</td>
</tr>
<tr>
<td></td>
<td>Breeding animals 6/1</td>
</tr>
<tr>
<td>Sheep</td>
<td>Breeding animals 7/1</td>
</tr>
<tr>
<td></td>
<td>Market lambs 6/1</td>
</tr>
<tr>
<td>Swine</td>
<td>Breeding animals 90 days</td>
</tr>
<tr>
<td></td>
<td>Breeding boars Since farrowing</td>
</tr>
<tr>
<td></td>
<td>Market hogs 90 days</td>
</tr>
<tr>
<td>Dairy cattle</td>
<td>All dairy cattle 6/1</td>
</tr>
<tr>
<td>Dairy goats</td>
<td>6/1</td>
</tr>
<tr>
<td>Meat goats</td>
<td>6/1</td>
</tr>
<tr>
<td>Horses</td>
<td>5/1</td>
</tr>
<tr>
<td>Rabbits</td>
<td>6/1</td>
</tr>
<tr>
<td>Poultry</td>
<td>Meat pen 5-10 weeks prior to</td>
</tr>
<tr>
<td></td>
<td>Roasters 8-10 weeks prior to</td>
</tr>
<tr>
<td></td>
<td>Broilers 6-8 weeks prior to</td>
</tr>
<tr>
<td></td>
<td>Fryers 5-10 weeks prior to show</td>
</tr>
</tbody>
</table>

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Volunteer Orientation

Face to Face Training

Wednesday, February 11, 2015
Gallatin, MO
6PM
Gallatin Elementary School Cafeteria

For more information contact: 660-663-3232

The ownership dates indicated above, apply to 4-H and FFA youth. Livestock shows and exhibitions set up minimum dates for length of ownership necessary for exhibiting. The above dates have been established by the state of Missouri.
Youth and adult partnerships in 4-H provide an opportunity for sharing responsibility and ideas and developing leadership skills together. Youth leaders are involved in planning, teaching and leading projects, activities and events at all levels of 4-H.

Successful youth-adult partnerships

- Build relationships and a cooperative environment. Learn about each other before you start the project to build trust.

- Understand differences. Learn from one another what each of you needs and expects from the other. Understand that each person brings gifts/talents/resources to the partnership.

- Know your goals and focus on those you have in common. Youths need to be involved with decisions that affect them, and adults need to understand why this is important.

- Find a balance of power and find importance in working together. Try to maintain an equal number of youths and adults. Ensure that youths are decision-makers, not just participants or observers.

- Reveal skills and attitudes that will cultivate a successful partnership. Young people are capable of significant decision-making.

- Show genuine concern for issues addressed in the project. The issues should be real and relevant to members.

- Recognize and bring attention to the feelings of accomplishment. Acknowledge each person’s contribution as a part of the team.

Both adults and youths should agree to the following:

Adults
1. Recognize youths as equals in making decisions and accepting responsibilities.
2. Model good communication with youth leaders.
3. Encourage and support youths on a continuing basis throughout planning, implementation and evaluation of the activity.
4. Understand that mistakes are opportunities to learn.
5. Ask for help when needed.

Teens
1. Get along with and be a positive role model to younger 4-H members, peer group and adults.
2. Be sincere in helping others and working with groups.
3. Plan ahead and complete activities.
4. Be aware of abilities and limitations.
5. Ask for help when needed.
6. Share decision-making and responsibilities with adults.

For more information, see project meeting plan worksheet in the 4-H Project Leader Guidesheet LG784.
February club leader tips

February is often described as the month of love, adoration and appreciation. We hope that you are enjoying your experiences as a club leader and enjoying the time you are investing in the 4-H program. You are a very important member of the MU Extension 4-H team, and we value your commitment to the success of the program. As you begin reviewing items for this upcoming month, consider the following ideas and suggestions:

1. Before the meeting, contact project leaders and confirm they have judging classes prepared for the club meeting. Junior leaders are a great resource for creating and working these stations.

2. Check committees to be sure they are functioning and progressing toward goals set earlier in the club year.

3. Set up time to recruit people to help members prepare recognition forms for recognition. Helpers could be older members, alumni members, parents and 4-H Extension staff.

4. Check project groups. If a project group has not met, offer time immediately before or after the club meeting for the project’s organizational meeting. Discuss timeline for completion with project leaders.

5. Begin sharing opportunities available to members in the summer. Encourage participation in summer activities such as camps, 4-H Congress, fairs and other trips by having club members share experiences attending these events.

6. Enjoy a Valentine Party and/or service project. If a service project is completed, take time to discuss how the group felt about the project, how they think their project will affect others and what other projects they would like to complete in the future related to this one. (“Do – Reflect – Apply” learning triangle)

7. Remind livestock members of weigh-in deadlines and ownership dates for state fair participation.

Missouri State Fair Livestock Families

There are some important new rules and regulations for the 2015 Missouri State Fair.

You are responsible for reading and following the new rules.

Find them at:

http://www.mostatefair.com/2015-competition-updates

Camping reservations open May 1 and livestock entry forms available May 7.
2015 4-H DAY WITH THE CARDINALS
Saturday, May 16, 2015

4-H members, alumni, families and their friends are invited to join us for 4-H Day with the National League Central Champion St. Louis Cardinals, Saturday, May 16. The Cardinals will be playing the Detroit Tigers in a 1:15 p.m. game in Busch Stadium. Prior to the game, 4-H members and their parents/leaders can take part in a parade around the ball field—that’s right, participants will actually get to go down on the field and march one time around the stadium behind their state or county 4-H banner. Also, everyone who orders a ticket on this form will receive a specially designed t-shirt featuring the 4-H and Cardinals logos to commemorate the day. **Note: Groups of families or county groups that wish to sit together must send their orders in one package.** Tickets usually sell out, so order early. Tickets and t-shirts will be mailed on May 4.

You could throw out the first pitch of the game, get an autographed baseball, or win other great prizes! 4-H members who participate in the 4-H raffle will have a chance to be selected to throw out the first pitch, and other family members, alumni, and guests can win other great prizes. Each person who completes Section B of the order form will receive one chance to be selected for every $1 they donate to the 4-H Day with the Cardinals Raffle Fund. You must order tickets on the form below to participate in the raffle. See the back of the form for details and a list of prizes.

---

**TICKET ORDER FORM**

All orders must be postmarked by April 6, 2015.

Complete both parts of this form to be eligible for all 4-H Day with the Cardinals opportunities.

Name:_________________________________________ Phone: (_____)______________

**Section A**

Please indicate how many of each size t-shirt you will need:

- Youth Large
- Adult Medium
- Adult X-Large

Tickets @$25 each ___________

Section B—4-H Raffle: Complete this part to have an opportunity to throw out the first pitch or win other great prizes! Each $1 donation to the 4-H Day with the Cardinals Raffle Fund provides one chance to win. Be sure to indicate the number of chances for each family member. All proceeds will be used to support Missouri and Illinois 4-H programs.

Name:________________________ Age____ #Chances:______

Name:________________________ Age____ #Chances:______

Total number of 4-H raffle chances:___________
Schedule of Events

4-H DAY WITH THE CARDINALS

Saturday, May 16, 2015

www.mo4h.missouri.edu

11:00 - 11:45 am.....All members who wish to participate in parade around the ball field arrive. We will send information on where to gather when we send tickets and t-shirts.

11:45 am................Enter stadium and line up for parade.

12:30 pm ..............Pre-Game Ceremony, including first pitches and 4-H Pledge.

Note: We have a limited number of seats, and have usually sold out early. Seats will be assigned on a first come, first served basis. So send your order as quickly as possible.

1:15 pm ...............Play Ball!

All ticket orders must be postmarked by April 6!

4-H Raffle Details

Winners will be notified after May 1.

Prizes will be mailed to winners after the game.

Each dollar donated to 4-H in the raffle will provide one chance to win. First prize, the opportunity to throw out the first pitch, must be awarded to a 4-H member only. All other prizes are available to youths and adults. All funds donated will be used to support Missouri and Illinois 4-H programs. You must purchase 4-H Day with the Cardinals tickets on the attached form if you wish to participate in the 4-H raffle.

Prizes:

1st Prize: Throw out the first pitch (must be a 4-H member), one Missouri and one Illinois winner.

2nd-4th Prize: Four tickets to watch a 2015 Cardinal game in all inclusive seats (includes tickets, food, and beverages). Approximate value - $400

5th-16th Prize: Baseball autographed by a Cardinal player.
MERCER COUNTY CONTEST DAY 4-H & FFA

WHEN
February 28, 2015
Registration begins at 9:00 am-at the barn
Contest begins at 10:00am
Awards for Hi-Point team and Hi-Point individuals

WHERE
North Missouri Large Animal Clinic
Dr. Larry Letner-30998 Hwy E Harris, MO 64645

CONTESTS- Sr. Division: Livestock, Dairy, Horse
Junior Division: Horse Contest (Jrs. will not take the test)

*Meats evaluation clinic will be available. This will be conducted at the Princeton Meat Market. Participants will be bussed there after registration.

REGISTRATION
*$30/team-preregistered
*$40/team – the day of
*$10/individual
-This includes lunch on grounds
Pre-Registration encouraged at judgingcard.com

CONTACT
Bryan Williams
660-748-6120
Kristy Letner
660-794-6165

*Scantrons will be used and results will be on judgingcard.com
# NW Region 4-H Camp 2015

$110

## Camp Crowder

June 1-4 & June 8-11, 2015

Crowder State Park, Trenton, MO

4-H AGES 8-13

<table>
<thead>
<tr>
<th>Camper Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper Name:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Primary contact Name:</td>
<td></td>
</tr>
<tr>
<td>Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Primary Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>Secondary Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Secondary Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>Age as of Jan.1, 2015:</td>
<td></td>
</tr>
<tr>
<td>Birth date:</td>
<td></td>
</tr>
<tr>
<td>4-H County:</td>
<td></td>
</tr>
<tr>
<td>Years in 4-H:</td>
<td></td>
</tr>
<tr>
<td>Previous yrs. at camp:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T-Shirt Size</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Youth Small</td>
<td></td>
</tr>
<tr>
<td>Youth Medium</td>
<td></td>
</tr>
<tr>
<td>Youth Large</td>
<td></td>
</tr>
<tr>
<td>Youth X-Large</td>
<td></td>
</tr>
<tr>
<td>Adult Small</td>
<td></td>
</tr>
<tr>
<td>Adult Medium</td>
<td></td>
</tr>
<tr>
<td>Adult Large</td>
<td></td>
</tr>
<tr>
<td>Adult X-Large</td>
<td></td>
</tr>
<tr>
<td>Adult XX-Large</td>
<td></td>
</tr>
</tbody>
</table>

*An equal opportunity/ADA institution*
In compliance with fire code the camp can accommodate 96 campers. We will accept 32 males and 64 females. Completed registrations will be accepted until the camp fills or until the registration deadline whichever comes first.

Registrations will be dated and taken on a first come, first served basis. Only complete registrations will be accepted. A complete registration includes camp application, summer food service program Income Eligibility Form, payment and health form.

Return complete registration with 2015 camp fee of $110 to:
Daviess County Extension
102 North Main, Suite 1
Gallatin, MO 64640

All applications and money must be received by
Wednesday, May 6, 2015

No refunds after May 16th-Except in cases of serious illness or accident of camper and cancellation must be made prior to camp by calling 660-663-3232.

By signing below you are agreeing that you have read and understand the camp policies for: application acceptance, the number of youth the camp can legally accept, and the refund policy and deadline.

Signature of parent or legal guardian:

University of Missouri Extension provides equal opportunity to all participants in extension programs and activities, and for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability or status as a protected veteran.
**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program.

**PART 1: CHILDREN ENROLLED IN THE PROGRAM**
Complete information below for children enrolled at the campsite. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.

<table>
<thead>
<tr>
<th>NAME (first and last)</th>
<th>BIRTH DATE</th>
<th>FOSTER CHILD</th>
<th>SNAP CASE NUMBER</th>
<th>TEMPORARY ASSISTANCE CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART 2: HOUSEHOLD AND INCOME INFORMATION**
List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month’s income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

**INCOME BASED ON (CHECK ONE)**
- Yearly
- Monthly
- 2 X A MONTH
- EVERY 2 WEEKS
- WEEKLY

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBERS</th>
<th>GROSS WAGES</th>
<th>WELFARE CHILD SUPPORT, ALIMONY</th>
<th>PENSIONS, RETIREMENT, SOCIAL SECURITY</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART 3: PARTICIPANT’S ETHNIC AND RACIAL INFORMATION** (Optional)

<table>
<thead>
<tr>
<th>Hispanic or Latino</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN INDIAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM ALASKA NATIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASIAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLACK OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFRICAN AMERICAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIVE HAWAIIAN OR OTHER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHITE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART 4: SIGNATURE**
I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

**SIGNATURE OF ADULT FAMILY MEMBER**

**SOCIAL SECURITY NUMBER**

**DATE**

**PRINTED NAME OF ADULT**

**ADDRESS**

**PHONE NUMBER**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**TOTAL HOUSEHOLD SIZE:**

**INCOME BASED ON (CHECK ONE):**
- Yearly
- Monthly
- 2 X A MONTH
- EVERY 2 WEEKS
- WEEKLY

**SNAP (Food Stamp)**

**TEMPORARY ASSISTANCE**

**Eligibility Determination:**
- Eligible
- Ineligible

**SIGNATURE OF CENTER REPRESENTATIVE**

**DATE**
# Youth Health Statement, Parent Consent & Event Acceptance Form

*Complete the ENTIRE two page form – Do NOT alter the form in any manner*

For health or safety reasons, every person attending the event must submit a completed health form prior to the beginning of the program.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date(s) of Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Youth</td>
<td>County</td>
</tr>
<tr>
<td>Gender: □ Female  □ Male</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>Age</td>
</tr>
<tr>
<td>Parent(s)/Guardian(s)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Do you have health insurance? □ yes  □ no</td>
<td></td>
</tr>
<tr>
<td>Insurance Company Name</td>
<td>Insurance Company Policy Number</td>
</tr>
<tr>
<td>Insurance Company Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Insurance Company Phone</td>
<td></td>
</tr>
<tr>
<td>Will your child be bringing any type of medication to this event? □ yes  □ no  If yes, explain.</td>
<td></td>
</tr>
<tr>
<td>Does your child have any allergies? □ yes  □ no  If yes, explain.</td>
<td></td>
</tr>
<tr>
<td>Describe any special needs (medical, physical or mental challenges) we should be aware of.</td>
<td></td>
</tr>
<tr>
<td>Does your child have any special dietary needs? □ yes  □ no  If yes, explain.</td>
<td></td>
</tr>
<tr>
<td>Date of last Tetanus immunization</td>
<td></td>
</tr>
</tbody>
</table>

If necessary, I approve of officials taking my child, __________________, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

## Emergency Contact Information (other than parent/guardian)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Family Physician</td>
<td>Office Phone</td>
</tr>
<tr>
<td></td>
<td>Home Phone</td>
</tr>
</tbody>
</table>
Event Acceptance

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Follow the established agenda and expectations for behavior.
- Use appropriate language and wear acceptable clothing at 4-H activities and events.
- Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismisal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

Child Photo Opt-Out Release:

I __________________________________________ prefer that the University of Missouri not take pictures and sound recordings of my child/children _________________________________.

I understand assuring pictures are not taken is a shared responsibility which includes the following precautions:

- My child(ren)'s nametag will have a colored dot placed on it to help 4-H photographers recognize that a picture should not be taken. It is my child(ren)'s responsibility to prominently display their nametag at all times.
- The 4-H photographers will make efforts to avoid photographing my child(ren). It is also my child(ren)'s responsibility to not participate in group photos and excuse themselves from other occasions where pictures are being taken.
- Photos taken at this event will be reviewed before being published or shared. In the event that a photo contains a child who has a dot on his/her nametag that can be seen in the photo, the child will be excluded from the shot (cropped out, pixelated, etc.) or the photo will be deleted.

I understand that 4-H and the University of Missouri cannot be responsible for photos taken or shared by non-employees (such as other youth) at this event, or photos of youth who do not prominently display their nametag with the identifying sticker.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, your signature must be witnessed by the Notary Public. I understand if I do not have this health statement and consent form notarized, it could cause a delay in my treatment.

Notary Optional (some hospitals require)

State of Missouri, county of ________________________________

My commission expires ________________________________

Subscribed and sworn to before me on this ________________ day of ________________________, 20____

Notary Public Signature ____________________________________________________________________________

4-H/MU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local MU Extension center or call 573-882-7430. The University of Missouri complies with the guidelines set forth in the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs.

Copy Form as Needed

Rev 7/13 M.W

Y640 Page 2 of 2
4-H Lock-In
FRIDAY, MARCH 20!!!

Where: YMCA, Chillicothe – 1725 Locust St.

When: Arrive at 10:30 pm Friday, March 20
Leave at 6 am Saturday, March 21

Who: 6th grade and up (4-H members from across North MO are welcome!)

What: Come for sports, swimming (appropriate swimsuit), movies, games and leadership activities – most of all come to have a great time with area youth!
Staff and adult volunteers will be on hand to chaperone youth.
Please pick youth up promptly at 6 – 6:15 am Saturday morning.

Cost: Register by Wednesday, 3/18 $10
Register w/health form after 3/18 or at the door $15
Print health form/authorization form at 4honline.com or fill out at event – NO youth admitted without health form.

Mail or bring health form and payment to:
MU Extension
2881 Grand Dr., Suite 2
Chillicothe, MO 64601

Contact info on day of Lock-In – 660/973-3444 (Shaun’s cell)

Cut registration form below and include with payment:

| Name of youth attending: | Age | | | Age | | | Age |
|--------------------------|-----| | | | | | |

Email address: 

Phone

INCLUDE EACH BELOW PRIOR TO RETURNING (Print health/authorization form at 4honline.com)

Health form included: 
Authorization form included: 
Payment included ($10 by 3/18): 

Parent/Guardian Consent

Equal Opportunity/ADA Institution
Clover Connection: Daviess, Gentry and Harrison Counties