April 18th, 2015

University of Georgia 4-H Agents

Dear Agent,

The 2015 Southeast Dairy Youth Retreat will be hosted by Clemson University in Newberry, SC July 12-16th. This annual event is a tremendous opportunity for youth ages 9 to 19. During the retreat, youth participants from seven southeastern states will interact with dairy industry professionals during hands-on learning activities. The wide variety of topics could include milk marketing, nutrition, health, genetics, calves, dairy foods, and the potential for so much more! The cost is $175 per youth participant and includes lodging, events, and all meals (Sunday evening through Thursday breakfast). The state office will arrange transport from Athens, GA.

We are looking for young people from Georgia to attend this tremendous event where they will gain a greater understanding of the dairy industry while building long lasting friendships in agriculture! Please distribute information to your youth members and let me know if you have any questions. If you have youth interested in attending, please fill out the attached form and mail back no later than May 27th. I will also need informational forms filled out for each of your participants. They can be found at:

http://www.clemson.edu/extension/4h/kids_families/projects/agriculture_and_animals/youthlivestock/ylpdocuments/seydairyouthforms.pdf

If you have any trouble with the link, please e-mail me at the address above and I will get you to the correct forms.

I hope that youth from your county will take advantage of this tremendous event! There are few others offered that are anything like it. If you think you don’t want to miss this chance and would like to attend as a chaperone, please let me know as well.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jillian Fain Bohlen
Assistant Professor and State Dairy Extension Specialist
2015 Southeast Dairy Youth Retreat
Activities and Events!
Host Hotel is Hampton Inn, Newberry, SC

A formal schedule is underway, but here is a tentative list of activities and events!

**Bush River Jerseys**
*Nationally Known Genetics*

**Riddle Dairy**
*800 Head Grazing Operation*

**Satterwhite Dairy**
*New 60-Stall Rotary Parlor*

**Happy Cow Creamery**
*On Farm Processing and Sales*

**Hickory Hill Milk**
*Clemson Blue Cheese and Non-Homogenized Milk*

**Frankies Fun Park**

**State Farmers Market**

**National Wild Turkey Federation Museum**

**Caterpillar Plant**

AND MORE!!!

Great Events, Numerous Learning Activities, and Plenty of Time to Make New Friends!
Payment Form

Please mail this form along with your payment to:

University of Georgia
c/o Valerie Christopher
Rhodes Center for Animal and Dairy Science
425 River Rd.
Athens, GA 30602

Deadline: MUST be postmarked by May 27th
Make checks payable to “GA 4-H Foundation”
Registration Fee - $175 per person

County: ___________________________  Amount Enclosed: $________

County Coordinator Contact Information: Phone: _______________________

E-mail: _______________________

Participants:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15. 
16. 
17. 
18.
ALL elements of this form must be completed by all youth participating in clubs, field trips, events requiring group transportation, overnight activities and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. Be sure to complete all applicable parts and sign where requested.

1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name _______________________________________________________ Age as of Jan. 1 _____ Birthdate _____________________

Address ____________________________________________________________

City ____________________________ State __________________ Zip Code __________________

Telephone ( ) ___________________ Cell Phone ( ) ______________ Wireless Provider ______________

Gender____________________ Race___________________________ Grade ____ School __________________________________________________________

Parent/Guardian_________________________________________________________________________________ ______________

Email ______________________________________________________________________________________________________

Residency:

_____ Farm       _____ Rural/Town less than 10,000      _____ Town/City 10,000 to 50,000      _____ Suburb     ____ City over 50,000

Military Family (check all that apply):

_____ Active Army       _____ Army Guard       _____ Army Reserve       _____ Active Air Force

_____ Air Guard       _____ Air Force Reserve       _____ Active Navy       _____ Naval Reserve

_____ Active Marine Corp       _____ Marine Corp Reserve       _____ Active Coast Guard       _____ Coast Guard Reserve

4-H Clubs __________________________________________________________

4-H Camps ____________________________

4-H Projects ______________________________________________________

4-H Activities ______________________________________________________

Membership Dues Paid  Y / N            Cash / Check # ____________ Date ____________ Shirt Size ____________

2) PHOTOGRAPHY CONSENT FORM/MODEL RELEASE FOR MINORS

I, (printed name) ____________________________________________, parent or official guardian of

(Child’s name) _________________________________________ hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I agree that my child’s name and identity (one must be checked):

☐ May be revealed

☐ May NOT BE revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

Signature of parent/guardian: ___________________________________________ Date: ______________
3) MEDICAL EMERGENCY AND HEALTH REPORT FORM

Instructions: Please provide health information for determining appropriate supervision, support and accommodations for the 4-H activities or events listed. A parent or guardian must sign. If the participant is a person with a disability and desires any assistive devices, services or accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. Please print all information. (Note: Sections 3, 4, and 5 of this form must be completed.)

Parent/Guardian Identification

Father’s Name (or Guardian) ____________________________________________________________________________________

Father’s Phones Work (_______) ___________ Home (_______) ___________ Other (_______) ___________

Mother’s Name (or Guardian) ___________________________________________________________________________________

Mother’s Phones Work (_______) ___________ Home (_______) ___________ Other (_______) ___________

Who has primary custody of participant? __________________________________________________________________________

Family Physician ___________________________________________________________ Phone (______) ______________________

Dentist ___________________________________________________________________ Phone (______) ______________________

Do you carry family medical/hospital insurance? (Check one)  YES__________________  NO ____________________

Carrier __________________________________________________ Policy/Group #_______________________________________

Name on Policy ______________________________________________________________________________________________

Emergency Contact Information

If you cannot be reached in case of emergency, whom should we notify?

Name __________________________________________________ Relationship ________________________________

Address ________________________________________________________________________________________________

City __________________________________________________________ State ________________ Zip ______________ 

Home Phone (____) ____________________________ Work Phone (____) ____________________________

Work Address __________________________________________________________________________________________

City __________________________________________________________ State ________________ Zip ______________
4) IMMUNIZATION RECORD

Required immunizations must determine locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____________________________________________ booster ______________________________________________

Tetanus booster (within the last 10 years) ________________________________________________________________

Polio IPV ____________________________________________ booster _____________________________________________

MMR___________________________________________________________________ ____________________________________

Hepatitis B _________________________________________________________________________________________________

Varicelle (chicken pox) ________________________________________________________________

Other state or municipal examinations required if any)____________________________________ ____________________________

5) PARTICIPANT HEALTH AND MEDICAL HISTORY
(Questions 1-6 MUST be completed)

1. Does the participant have any known allergies? (Including food, medicine, plants, animals, insects, etc.

   YES   NO   If YES, please explain: ___________________________________________________________________

2. Is the participant experiencing or has he/she ever experienced (or had special needs in) any of the following? (Circle all that apply.)

   Asthma   Bleeding Disorder   Attention Disorders (ADHD)   Eating Disorders   Heart Condition
   Diabetes   Wears Contacts   Seizures/Convulsions   Fainting Spells   Other

   Please describe/explain any condition or need that you circle: ___________________________________________________
   ______________________________________________________________________________________________________

3. Is the participant currently taking any medication? If answer is YES, please fill out and sign the Permission to Administer Medication located at the end of this permission form (Part Number 10)

   YES   NO   If YES, please list medication and dosage rate: __________________________________________________________
   ______________________________________________________________________________________________________

4. Has the participant undergone surgery or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

   YES   NO   If YES, please explain: __________________________________________________________________________
   ______________________________________________________________________________________________________

5. Does the participant require special diet (including vegetarian, dietary restrictions, dietary allergies, etc.)

   YES   NO   If YES, please explain: ____________________________________________________________________________
   ______________________________________________________________________________________________________

6. Is there any necessary, additional information staff should know (including behavioral/physical/emotional disabilities, medication instructions, and/or special restrictions) in order to identify and provide appropriate supervision, support, and accommodations for the participant?

   YES   NO   If YES, please explain: ____________________________________________________________________________
   ______________________________________________________________________________________________________
6) PARENT AUTHORIZATION & PERMISSION TO TREAT

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the camp director to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian: ___________________________________________________________ Date: ___________________

7) SOUTH CAROLINA 4-H BEHAVIOR AGREEMENT

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the Department of 4-H Youth Development. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Consequences of violation of the Behavior Agreement will follow county or state guidelines. Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the chaperones it would be detrimental for the individual to continue with the group, he or she will be sent home at the participant’s expense. Also, participants/parents will be financially responsible for any damage caused by the participant.

4-H Code of Conduct
1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. All participants are expected to be on the site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
5. Participants are responsible for following the instructions of all 4-H staff and event chaperones.
6. All behavior or language of a sexual nature at 4-H events in inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
7. Curfew hours must be strictly followed.
8. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
9. Dress code standards previously set for the event must be met by all participants (i.e., no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
10. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Event Permission Form for Youth filed for the event.
11. With the concern for the wellbeing of self and others, smoking and the use of other tobacco products is prohibited.
12. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
13. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
14. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions. I HAVE READ the Behavior Agreement and 4-H Code of Conduct above and discussed it with my son/daughter.

I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Signature of participant: ___________________________________________________________ Date: ___________________

Signature of parent/guardian: _________________________________________________________ Date: ___________________
8) CLEMSON UNIVERSITY PARENTAL PERMISSION FORM AND RELEASE OF LIABILITY FOR YOUTH CAMPS OR PROGRAMS

I, ____________________________________________, am the parent and/or legal guardian of ________________________________________________, a minor child under the age of 18 years. I would like to have my child participate in the following South Carolina 4-H CAMP/PROGRAM/PROJECT/CLUB although Clemson University Cooperative Extension Service in South Carolina. County: Headquarted in Newberry County, traveling to various counties for daily activities, which will take place on July 12-16, 2015 (dates).

In consideration for my child being allowed to participate in this CAMP/PROGRAM/PROJECT/CLUB, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM/PROJECT/CLUB affords my child the opportunity to participate in activities, including, but not limited to recreation, cooking, science experiments, hands on activities, interaction with animals and other people, etc. There are inherent risks involved, and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM/PROJECT/CLUB. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this CAMP/PROGRAM/PROJECT/CLUB. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that activities for this CAMP/PROGRAM/PROJECT/CLUB may be physically strenuous and I know of no medical reason why my child should not participate.

4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this CAMP/PROGRAM/PROJECT/CLUB, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this CAMP/PROGRAM/PROJECT/CLUB.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian __________________________________________ date ____________________
9) MEDICAL EXAMINATION (if applicable)

*To be completed and signed by licensed medical personnel. A physical completed by Licensed Medical Personnel within 24 months of the start date of the youth program may be substituted for this section.

Name ______________________________________________________________________________________________________

Hgt._______________________________ Wt._______________________________ B.P.___________________________________

The applicant is under the care of a physician for the following conditions: ________________________________________

____________________________________________________________________________________________________________

(For Girls and Women) Has this person menstruated?_______________ If so, is her menstrual history normal?___________________

Special considerations ________________________________________________________________ _________________________

Recommendations and restrictions while at camp______________________________ _________________________

Limitations or restriction on program activities_____________________________________________ _________________________

____________________________________________________________________________________________________ ________

Additional information for health care personnel ____________________________________________

Date of Examination ______________________. In my opinion, the applicant is able to participate in an active camp program.

Signature Of Licensed Medical Personnel______________________________________________________________________

Print Name_____________________________________________ Title_________________________________________________

Address_______________________________________________________ _____ Telephone________________________________

10) PERMISSION TO ADMINISTER MEDICATION (if applicable)

______________________________ (child's name) has my permission to receive

______________________________ (medication name) ______________________ (dose)__________________ (time of day/frequency)

Potential side effects (if any) ______________________________________________________________

Prescribing physician (name, address and phone #) ____________________________________________

__________________________________________________________ _________________________

__________________________________________________________ _________________________

Parent/Guardian Name ________________________________________________ Date __________________

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Should you require special accommodations due to a disability, please notify our office prior to the event.