

4-H Teen Conference Participant Health Form

July 10-12, 2016

Directions:

1. Download the form to your computer.
 2. Open the file and fill out the form completely.
 3. Include electronic signatures where applicable. **All signatures are required.** [Click here for instructions.](#)
 4. Save signed form to your computer, & email to Alex Laughery (alex.laughery@wsu.edu). Name file "last.first"
 5. Print a copy of your form and keep it with you during all travel. Ask your chaperone who will keep this copy.
 6. Your registration for Teen Conference will not be finalized until your forms are in. **They are due no later than June 30th.**
- Questions? Contact Alex: laughery79@gmail.com | (509) 901-9047**

Participant Name:

Birthdate:

Current Age:

Grade:

Participant Home Address:

Street

City

State

Zip

County (4-H) **OR** School (Gear-Up)

Parent/Guardian with residential placement and/or decision-making authority in the event of an illness or injury:

Name:

Relationship to Participant:

Preferred Phone:

Type?

Home

Cell

Work

Email

Home Address:

(If different from above)

Street

City

State

Zip

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name:

Relationship to Participant:

Preferred Phone:

Type?

Home

Cell

Work

Email

Allergies:

Please identify any allergies to food, medications, environment, and drug reactions. **Specify if any require the use of an Epi-Pen.**

Immunizations:

My child is up-to-date on all immunizations and tetanus shots as required by Washington State law.
I understand and accept the risks to my child from not being fully immunized.

Medications:

This participant will not take any daily medications while attending the activities.

This participant will be self-administering the following daily medication(s):

Name of Medication	Dosage	Times Taken

Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Jan Klein: PO Box 1495, Spokane, WA 99210 | jlklein@wsu.edu | (509) 358-7937 **as soon as registered.**

What have we forgotten to ask? Please provide in the space below any additional information about the participant that you think important or that may affect his/her ability to participate in the program.

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

Emergency Medical Consent

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by the Washington State University (WSU) authorized agents including event staff, I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in doing so including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the programs staff about their health status.

Health Care Providers

Name of primary doctor(s):

Phone:

Medical Alerts:

Medical Insurance Information

I am covered by family medical and/or hospital insurance:

Yes No

Primary Insurance Company:

Policy Number:

Subscriber:

Insurance Company Phone:

Assumption of Risk

I understand that there are risks in participating in the event. In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury or loss or damage to my property. I understand that there may be risks that Washington State University (WSU) cannot predict or foresee, and I also assume full responsibility for those risks. Risks in participating in 4-H Teen Conference and University Recreation programs, services or facilities (including participating in supervised or unsupervised activities in or connected with the Student Recreation Center, WSU playfields, Smith Gym, Gibb Pool, Physical Education Building, and Hollingberry Fieldhouse) include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, severe head, brain, neck or spinal injuries, paralysis loss or use of arms and/or legs, eye damage, burns, emotional trauma, drowning, disfigurement, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the event that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity or spectators may cause harm or loss to myself or property and agree to assume risks of same. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the program and/or event itself, and use of state equipment or facilities for the program and/or event whether on or off WSU property. I understand that Washington State University provides no medical insurance for participants and it is my responsibility to provide health insurance coverage for myself while I am participating in this activity.

Release of Liability

I, my heirs and assigns hereby release the state of Washington, the Regents of WSU, WSU, and any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result or connected with participation in this program and/or event. If any part or portion of this Assumption of Risk and Release of liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Parent/Guardian Name:

Signature of Parent/Guardian:
(for participants less than 18 years of age)

Date:

Participant Name:

Signature of Participant:
(for participants over 18 years of age)

Date:

Image and Recording Consent

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

Yes

Yes, with this condition:

NO permission

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

Do not forget to send a signed copy of this form to alex.laughery@wsu.edu

**Parent/Guardian: Please keep a copy for your record.

**Participant/Chaperone: Please bring a copy of this record to the event.

WASHINGTON STATE 4-H TEEN CONFERENCE CODE OF CONDUCT & EXPECTATIONS

Washington State 4-H Code of Conduct is to ensure the safety of the 4-H member and to encourage conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. Participants are asked to consider both their underlying attitudes and effects of their behavior in representing themselves, their communities, and the 4-H Program.

- ♦ Fully participate in all scheduled activities. Inform your chaperone if you are ill.
- ♦ Conduct yourself in a courteous manner, being respectful to all speakers, adults, roommates, and other delegates. Use appropriate language, exhibit good sportsmanship, and act as a positive role model.
- ♦ Turn cell phones off during scheduled activities, workshops, and speakers.
- ♦ Be in your own room, observing the ‘lights out’ time noted, & remain in your room/dorm all night.
- ♦ Display of overly affectionate attention between participants is prohibited.
- ♦ Do not tamper with or damage room furnishings, furniture, equipment, etc. Room occupants are responsible for any damage or misconduct. Falsely pulling a fire alarm is a crime.
- ♦ Participants may not drive a car after their arrival at event.
- ♦ Abide by the dress code; it was developed to prevent participants from becoming offended or uncomfortable during their stay. If you choose to dress inappropriately, you will be asked to change, or be required to wear a conference-issued shirt. By planning ahead and packing appropriately, you will save yourself the inconvenience of changing your attire to ensure that you are contributing to a pleasant conference atmosphere.

The following dress code will be enforced for all individuals attending the conference, including chaperones:

- Clothing: all clothing shall be neat, clean, acceptable in repair and appearance, and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or advertise gang symbols or affiliation are prohibited.
- Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent are prohibited. Halter tops, short shirts or very short shorts, leggings and long shirts, and strapless tops are not appropriate.

The following behaviors will not be tolerated:

- ♦ Possession or use of alcohol or illegal drugs, tobacco products, stolen goods, weapons, and fireworks.
- ♦ Females in male rooms, males in female rooms.
- ♦ Sexual, physical, or verbal abuse. Pornography materials of any kind.

4-H TEEN CONFERENCE - INFRACTION PENALTIES

Conduct not in keeping with the Washington State 4-H Youth Development standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Law enforcement may be called and illegal behaviors may result in citations or arrest. Consequences may include removal, at the individuals' expense and without refund, from participation in the event; restitution or repayment of damages; sanctions on participation in future local, state, regional, or national 4-H events; forfeiture of financial support for this event; removal from offices held in 4-H; and/or loss of status as a member in good standing, and the privileges associated with that good member status.

We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

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

Youth participant signature

Date

I understand that I am responsible for my child or ward's behavior. I give my permission to the staff in charge to administer the code. I understand that if my child or ward is sent home, it will be my responsibility and at my own expense, and that the conference fee will not be refunded. I, (undersigned), have read the Code of Conduct.

Parent/Guardian signature

Date