

'BUILDING 4-H'

FUN & LEARNING DAY



Friday, JUNE 30, 2017

9:30 a.m. – 3:00 p.m.

Sunflower Room, Westmoreland, Ks.

(4-H'ers and guests ages 7-12)



Limited Registration **35 Youth** --- Register by: **June 22, 2017**

LUNCH PROVIDED

Spend the day with us learning about robotics, lego building and much more! Fun & Learning Day is open to all 4-Hers and youth, ages 7 to 12 years of age. This year lunch is provided by the Summer lunch program and Catholic Charities. It will be a sack lunch. If your child still prefers to bring their own lunch they may.

There is an **\$8 registration fee for materials & swimming in the afternoon. Please pre-register by *June 22nd.***

Scan or e-mail form to brickstr@ksu.edu or mail to: Pott. Co. Ext., P.O. Box 127, Westmoreland, Ks. 66549.

CODE OF CONDUCT

As a participant in 4-H events, you have the responsibility of representing the 4-H program to the public, so you are expected to conduct yourself in a manner that will bring honor to you and your family, as well as to 4-H. To do that you will need to: 1. Use language and manners that will bring respect to you and 4-H. You are responsible to know what language and Behaviors are appropriate. 2. Know that the use of tobacco, alcohol and non-prescribed drugs is illegal and prohibited at all 4-H events. 3. Model respect for other persons in public areas. Your adults in charge will help you know rules of courtesy that you will want to follow. 4. Treat event areas, or facility with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate. 5. Help other members in your group have a pleasant experience by making every attempt to include all participants in activities. 6. Live up to your highest expectations for yourself, so you can return home proud of who you are and what you have done. **Those who find themselves unable to conduct themselves within the guidelines listed above may expect to:** 1. Explain their actions to the adults in charge. 2. Accept the consequences of their actions. 3. Have the adults in charge work closely with parents/guardians, and others to see that actions taken, in case of unacceptable behavior, are appropriate and logical consequences for all concerned. 4. Be sent home or asked to leave event.

NAME _____ Parent/Guardian _____

Home Phone _____ Cell # _____

I have read the "4-H Events Code of Conduct" and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Participant signature _____

As the Parent or Guardian I have read the 4-H Events Code of Conduct and will support the adults in charge in the performance of the responsibilities to see that appropriate behavior is maintained.

Parent or guardian signature _____

HEALTH STATEMENT *(To be filled in and signed by parents or guardian)*

Last Name _____ First Name _____ Date of Birth _____ Age _____ Sex _____

List below any physical condition the supervisor, nurse or extension agent should know. Reporting such conditions will Not prevent child from attending and will be kept confidential. Insect Stings _____ Heart Condition _____ Fainting _____

Spells _____ Diabetes _____ Allergies (plain) _____

Allergic to drug (explain) _____ Ear Infection _____ Headaches _____

Other _____

Prescribed medication now _____

taking _____

Activities youth should not participate in _____

IMMUNIZATION: Tetanus--Date of last treatment _____ **The closest medical facility** will be used. As parent/guardian, I understand that the 4-H'er/youth will be closely supervised and agree that the supervisors and sponsors are not responsible in case of injury or illness. I further understand that first aid will be available; that should a serious injury or illness occur, medical and/or hospital care will be provided. We realize the supervisors will notify us in case of serious injury or illness; however should they be unable to contact us, we hereby grant our permission and consent for any emergency medical or surgical care determined to be necessary by a licensed physician.

Parent/Guardian Signature: _____

NOTE: If you plan to bring a friend, they must complete and return a registration form (including a HEALTH STATEMENT & CODE OF CONDUCT). Please copy this form or request copies from the Ext. Office. **Pottawatomie Co. Extension, P.O. Box 127, Westmoreland, Ks. 66549**