

# Legislative Breakfast Registration Form

**Event Dates:** January 21-22, 2019

**Location:** Delta Hotels Helena Colonial, Helena, Montana

**Cost:** \$45, paid to Ravalli County 4-H for registered 4-H leaders and members. Fee is waived for leaders who are driving participants to Helena. Contact the office as soon as possible if you are willing to drive participants.

*Cloverbuds welcome to attend, however, they must have a parent/guardian attend this event with them.*

**Registration Deadline:** Tuesday, January 1 to the MSU Extension Office – Ravalli County

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

**I am a (circle one):**      Member              Leader              **Cell#:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**In addition to the Legislative Breakfast Registration Form, participants must complete the following paperwork:**

- Code of Conduct (youth only)
- Media Release (youth and adults)
- Youth and Adult Medical Release (youth and adults)

**These forms are available on the Montana 4-H Website:  
<http://montana4h.org/#resource:Forms> under "Event Forms"**

## Consent to Participate

### Description of Event: Legislative Breakfast

*This two day event held in Helena provides an opportunity to educate Montana legislators about the work and successes of 4-H and MSU Extension. It brings youth and adult constituents from across the state together to share ideas, issues and concerns. The advocacy group, Montanans for 4-H, organizes and pays for the event through private donations and other support. All participants are covered by minimal accident insurance en route to and from camp and during camp. When traveling, this insurance is only in effect if an adult is present in the vehicle.*

Consent: We, as parents of this minor child, acknowledge that we are aware of and understand the risks and hazards connected with the event and activities listed above. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form by calling the MSU/Ravalli County Extension Office, 375-6611. We further understand that we are assuming the risks of loss, property damage or personal injury that may be sustained by our child as a result of participating in this event. I hereby consent to my child's participation in this event.

**Member Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Medical Release Form for 4-H Youth & Adults

## **PARTICIPANT INFORMATION:**

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

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

Name of Parent or Legal Guardian: (YOUTH ONLY): \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## **IN CASE OF EMERGENCY:**

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## **INSURANCE INFORMATION**

Name of Insurance Carrier: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Last: Tetanus Shot: \_\_\_\_\_ Polio Shot: \_\_\_\_\_ Mumps Shot: \_\_\_\_\_ Measles Shot: \_\_\_\_\_

Rubella Shot: \_\_\_\_\_

## **Medical Information: (check all that apply and explain if necessary)**

- |   |   |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems   | <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar) |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, etc)   | <input type="checkbox"/> Respiratory problems                       |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Any allergies to medication                |
| <input type="checkbox"/> Any allergies to food or plants  | <input type="checkbox"/> Special diet or food restrictions          |
| <input type="checkbox"/> Are you currently under a doctor's care?   | <input type="checkbox"/> Are you currently taking medications?      |
| <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |   |

## **AUTHORIZATION FOR TREATMENT (YOUTH ONLY)**

I, \_\_\_\_\_ do hereby give permission to \_\_\_\_\_ to seek and obtain any medical care necessary for my child \_\_\_\_\_.

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

## **ALL PARTICIPANTS**

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) \_\_\_\_\_ Date \_\_\_\_\_

**IF YOUTH:** Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



EXTENSION



Montana 4-H Center  
FOR YOUTH DEVELOPMENT

*The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.*

# MEDIA RELEASE FORM

Name of participant: \_\_\_\_\_ County: \_\_\_\_\_ 4-H Year: \_\_\_\_\_ - \_\_\_\_\_

MSU Extension - 4-H would like to use photos or video of your child during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

## CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the first name of the child in accompanying text or a photo caption.

I DO authorize the use of photos or video of my child at 4-H events or activities.

I DO NOT authorize the use of photos or video of my child at 4-H events or activities.

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard. Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CODE OF CONDUCT FOR 4-H MEMBERS

Name \_\_\_\_\_ County \_\_\_\_\_

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

### **While attending 4-H activities and events, I will:**

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- Be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with others using the substances.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to do so could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

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

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I will support the individual(s) in charge in maintaining appropriate behavior.

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



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