

2016 WAYNE COUNTY 4-H / FFA DairyPalooza Bus Trip Invitation

Dear Dairy Youth and Families,

The Wayne County 4-H and FFA Dairy Committee is headed to DairyPalooza Northeast on **Saturday, April 30th**. DairyPalooza is the state's largest educational dairy event, and will be held at the Trumbull County Fairgrounds in Cortland, Ohio this year. The event includes state-certified Quality Assurance in the morning (that's right – if you attend DairyPalooza, you'll be exempt from Quality Assurance at Skillathon!) and numerous educational sessions in the afternoon, ranging from fitting and showmanship to reproduction and dairy foods.

Normally, DairyPalooza is \$6 per participant, but if you go through the Dairy Committee trip, your fees will be paid. Lunch will be provided, and all attendees will receive DairyPalooza t-shirts, freebies, and educational resource packets as part of your registration.

We will leave at 7 a.m. on April 30th from the Wayne County Fairgrounds. Please meet at the Vanover street entrance. On the ride to DairyPalooza, we will have games and activities (with prizes!) to keep participants awake and engaged. On the way home from DairyPalooza, we will have a tour or activity (to be determined).

Your registration for the Dairy Committee trip and for DairyPalooza needs to be received by April 1, 2016, in order to meet the pre-registration deadline for DairyPalooza. You will also need both the Dairy Palooza Registration Form and Emergency Medical Form (both included) completed and turned in with your registration, as per Extension requirements.

If you have any questions, please contact Lisa Gress at 330-231-0284 or at randroliver@gmail.com. **All registrations along with health form and permission to participate form need to be returned to the Extension office by April 1, 2016.** Parents are welcome to attend as adult chaperones as long as seats are available on the bus. First preference for seats will be given to Dairy Youth that register by April 1st.

We hope to see you at DairyPalooza!

Sincerely,

The Wayne County 4-H and FFA Dairy Committee

Wayne County 4-H / FFA DairyPalooza Bus Trip Registration Form
(Please print clearly)
Due to Extension Office April 1, 2016

Name _____ Age _____ Phone _____ E-Mail _____

Address _____

4-H Club or FFA Chapter _____



THE OHIO STATE UNIVERSITY
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wayne.osu.edu

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

2016 DairyPalooza Northeast Registration

April 30, 2016 Trumbull County Fairgrounds Cortland, Ohio

All youth and adults planning to attend must register for DairyPalooza.

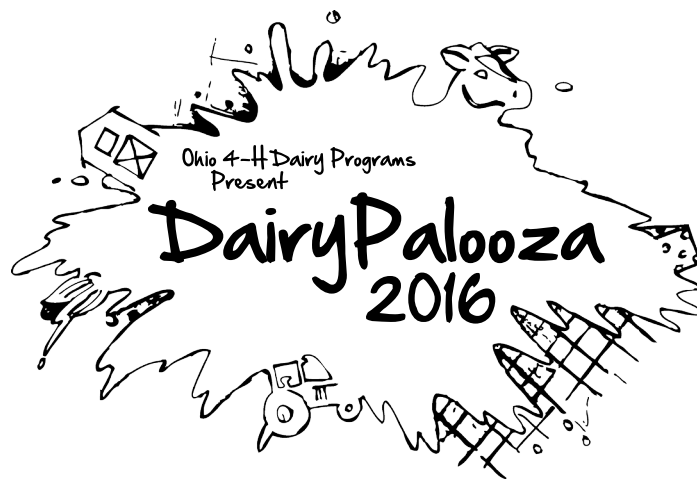
Pre-registration sheets and fees of \$6 per person must be postmarked by April 4. Registrations sent in after April 4 will be considered late, and registration fees will increase to \$10 per person. Those who do not pre-register are more than welcome to join us, although it is not guaranteed materials will be available. Walk-in registrations will pay the \$10 late registration fee and will not receive t-shirts. To receive lunch, participants must either pre-register, late-register, or pay a \$10 fee to receive a lunch ticket. This includes adults and chaperones.

One DairyPalooza shirt is included with each pre-registration fee. Late registration fees do not include DairyPalooza shirts. Late registration and extra shirts are available for \$6 each – complete “Additional T-Shirts” on the last page, and include necessary fees, to order more t-shirts. Exceptionally late t-shirt orders may not be able to be filled.

This year, all DairyPalooza attendees will be required to register in order to attend. Upon check-in at the fairgrounds, all registered participants will receive lunch tickets, which will be turned in when getting their lunch. Those in attendance who do not have tickets can register on-site and receive a lunch ticket for the late registration cost of \$10.

Both pre-registrations and payments must be received by the April 4 deadline to be officially pre-registered. Emailed registrations received after April 4 will be considered late, and late registration fees will apply. Additionally, exceptionally late mailed registrations may not be listed at the registration table, and you may be required to hand-write a registration form.

Copy page 2 as necessary to register participants for the 2016 DairyPalooza Northeast.
Include all copies of page 2 and page 3 in your mailed registration.



2016 DairyPalooza Northeast Registration

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

2016 DairyPalooza Northeast Registration

Additional T-Shirts

Complete this section for late registration or extra t-shirts. Write the desired number of shirts in each blank and write in the total on the appropriate line in the next portion.

Youth	_____	Extra Small	Adult	_____	Small
	_____	Small		_____	Medium
	_____	Medium		_____	Large
	_____	Large		_____	XL
				_____	2XL

Registration and T-Shirt Fees

Number of Pre-Registered Participants: _____ @ \$6/person = _____

Number of Late-Registered Participants: _____ @ \$10/person = _____

Number of Additional T-Shirts: _____ @ \$6/shirt = _____

Please make checks payable to 2016 DairyPalooza. Total Fees: _____

Return registration form and fees to:
Department of Animal Sciences
Attn: Bonnie Ayars
2029 Fyffe Court
Columbus, OH 43210

Permission to Participate & Informed Consent

Wayne County 4-H / FFA DairyPalooza Bus Trip

I understand that my child, _____ will be participating in the Wayne County 4-H / FFA DairyPalooza Bus Trip on Saturday April 30, 2016. I understand that my child will be participating in this event with other 4-H members and volunteers from the Wayne County 4-H / FFA Dairy Committee. Activities will include, but not be limited to: riding the bus and participating in hands-on learning activities related to dairy science. I understand that participation in this activity is voluntary and is not a requirement for membership in 4-H.

I have read, understand, and have discussed with my child that:

- A. Participants are expected to follow instructions of adult volunteers and other individuals that are hosting our group.
- B. Participants are expected to fully participate in activities outlined by the adults/person in charge of events and activities, unless parent/guardian has made prior arrangements.
- C. Participants are expected to respect each other, equipment/materials that are made available to them, and adults in charge of the event.
- D. They will be traveling in a motor vehicle or Charter Bus driven by an adult; my child is expected to wear their safety-belt while traveling (unless in a charter bus).
- E. Riding in a bus or motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects; and they are to remain in their seats and not be disruptive to the driver of the bus or motor vehicle.

I have discussed with my child the importance of following directions and safety procedures that will be outlined by the adults in charge of the activity. I understand that traveling in a motor vehicle may result in injury or death as a result of an accident.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Written by Ryan Schmiesing, OSU Extension, former Associate State 4-H Leader



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ohio4h.org

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Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED!
Attach
Picture
(for I.D.
purposes only)

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:**Communicable Diseases:**

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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