All these forms need to be filled out and mailed, faxed or emailed to the Illinois State 4-H Office to complete registration.

If you do not want your youth to be photographed, videotaped, or used in other media, please note this when sending in the forms.

Please send the forms to:

IL State 4-H Office
Att: Dan Boomgarden
801 North Country Fair Drive, Suite E
Champaign, IL 61821
boomgrdn@illinois.edu
Fax # (217)-333-9287

Thank you,

[Signature]
4-H Event Manager
Illinois 4-H Junior Leadership Conference Code of Conduct

As a participant in the Illinois 4-H Junior Leadership Conference, you have the responsibility of representing the Illinois 4-H program to the public. You are expected to conduct yourself in a manner that will bring honor to you and your family, as well as to 4-H. This Code of Conduct has been approved for use by the University of Illinois. Delegates and their parents are expected to sign the registration form indicating that they will abide by this code and agree to the actions that may possibly be taken.

ALL delegates to the 4-H Junior Leadership Conference are responsible for their conduct to Extension personnel and/or volunteers supervising the event. This responsibility is necessary for the health, safety, and welfare of the participants, and will be rigidly adhered to and uniformly enforced.

The following conduct is not allowed and is subject to disciplinary action:

**Category 1**

a. Possession, use, or distribution of alcohol and other drugs, including tobacco products. *(Prescription drugs must be listed on the delegate’s Emergency Medical Form)*

b. Willful theft and destruction of public or private property *(Delegates will be responsible for paying for any damages to hotel and/or personal property.)*

c. Involvement in sexual misconduct or harassment. *(Delegates may not be in a room housing members of the opposite sex. They are expected to exhibit dignified and restrained actions in expressing affection toward other delegates.)*

d. Possession or use of dangerous weapons or materials, including fireworks.

e. Fighting or other acts of violence that endanger the safety of yourself or others.

In addition, 4-H representatives reserve the right to inspect rooms and items brought to rooms by delegates, such as back packs, purses, luggage, etc., when there is reason to believe Category 1 violations have been committed. Such inspections will be conducted in a reasonable manner and limited in scope to such areas or items necessary based upon the information leading to the inspection. Delegates and their parent/guardian consent that the delegate’s room and personal items may be inspected by 4-H officials, as a condition of participating in the 4-H program and agree to cooperate with such inspections.

**Category 2**

a. Willfully breaking curfew *(Delegates are to be in their own rooms by the stated curfew. Adult chaperones should not be revisiting rooms after room check, 15 minutes following said curfew.)*

b. Unauthorized use of vehicles *(Delegates cannot ride in any non-conference vehicles once the convention has started without specific written permission from the 4-H Headquarters Staff.)*

c. Participating in gambling.

d. Intentionally interfering with or disrupting the event.

e. Unauthorized absence from the planned program or site of the event. *(Delegates are to attend all sessions of the conference.)*

f. Use of profanity and/or abusive language.

g. Disregard for public or personal property.

h. Failure to comply with direction of Extension personnel, including designated adults acting within their duties and guidelines.

**Consequences**

University of Illinois Extension reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for behavior, as outlined in Category 1 or Category 2. In all cases, the participant will be responsible for retribution of any damages incurred by his/her actions.

**Category 1**

1. When notified of any of the actions under Category 1, the adult in charge, will ascertain the relevant facts, and, with concurrence from University of Illinois Extension staff, will notify the affected participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations and, if necessary, law enforcement officials will be notified. While facts are being verified, the participant will be removed from the 4-H activity/event and be under direct supervision of an adult chaperon.

2. The parent/guardian will also be notified of the actions of the participant, and upon finding the allegations to be true, must immediately remove the participant from the activity, at the parent/guardian’s expense.

3. Documentation must be completed on an “Incident Report Form.”

**Category 2**

1. When notified of any of the actions listed under Category 2, the adult in charge will ascertain the relevant facts, and, with concurrence from University of Illinois Extension staff, will notify the affected participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations. While the facts are being verified, the participant will be removed from the 4-H activity/event and be under direct supervision of an adult chaperon.

2. The parent/guardian of participants who violate curfew or use vehicles without authorization, as outlined in Category 2, a. and b., will be notified of the actions of the participant, and must immediately remove the participant from the activity, at the parent’s or guardian’s expense. Participants who willfully disobey conduct as described in Category 2, c. through i., will receive a verbal warning for the first commission and the adult in charge will make a written notation of the warning (initiated by the adult and the participant.) Upon receiving a second warning, the parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent’s or guardian’s expense.
Delegates to the Jr. Leadership Conference and their parents/guardians must read and sign the agreement below related to acceptance of the University Of Illinois Code Of Conduct for this event. **Registration for the event will NOT be accepted if this form is not signed by both the delegate and their legal guardian.**

If you wish to not give permission for the media release portion of the information below, please draw a line through that portion and initial it on the side.

**Parental/Guardian Authorization:**

I have reviewed the Conference program and have read the Code of Conduct for 4-H Events & Activities and give permission for my child to participate in the Illinois 4-H Junior Leadership Conference. I also understand that if my child does not follow the Code of Conduct, s/he may be asked to leave the Conference. I further agree to be responsible for removing my child immediately from the Conference if this becomes necessary.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes in print, video, and/or electronic form, including, but not limited to the Illinois 4-H website. I further consent that my child’s name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Parent/Guardian Name: (please print)

Parent/Guardian Signature: ___________ Date: ___________

**Delegates:**

As a delegate to the Illinois 4-H Junior Leadership Conference, I have read the list of regulations that will be in effect and agree to abide by them. I realize that my room and personal items may be inspected by 4-H officials as a condition of participating in the 4-H program and agree to cooperate with such inspections.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes in print, video, and/or electronic form, including, but not limited to the Illinois 4-H website. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Delegate Signature: ___________ Date: ___________

This page, along with the Emergency Medical Form (next page) and the Agreement to Assume Risk Form must be completed and returned, postmarked no later than February 13, 2015 in order for registration for the Jr. Leadership Conference to be complete.
DELEGATE/ADULT’S NAME: __________
Address: __________
Street: __________  City: __________  State/Zip Code: __________
Age: __________  Sex: F  M  Birth Date: __________ / __________ / __________

PARENT/GUARDIAN/OTHER EMERGENCY CONTACT:
Name: __________
Relationship: __________
Home Phone: (______)_________  Work Phone: (______)_________
Address: __________
Street: __________  City: __________  State/Zip Code: __________

HEALTH INFORMATION STATEMENT
Place a “Y” (yes) or “N” (no) in the space to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperone. At the end of the list, please give specific information on any items that you placed a “Y” in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

☐ 1. Nervous or Mental (epilepsy, emotional stress, convulsions)
☐ 2. Lung Disease (asthma, persistent cough, tuberculosis)
☐ 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure
☐ 4. Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever)
☐ 5. Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)
☐ 6. Arthritis, Diabetes, Kidney or Bladder Disease
☐ 7. Hay Fever or Allergies
☐ 8. Allergy to Medicines (including penicillin, tetanus)
☐ 9. Impaired Sight or Hearing, Chronic Ear Infections
☐ 10. Recent Surgical Operations, Accidents or Injuries
☐ 11. Any Infectious Disease
☐ 12. Skin Disease
☐ 13. Allergy to Foods
☐ 14. Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury)
☐ 15. Under on-going care of a Physician (give name & phone number below) for chronic or recurring problem
☐ 16. Do you wear glasses OR contact lenses? (circle)
☐ 17. Currently taking medication (list names & doses below)
☐ 18. Currently taking medication that needs refrigeration
☐ 19. Date of last TETANUS BOOSTER __________

Please provide any detailed information for any items above marked with a “Y”. Be specific.

________________________
Family Doctor: __________________________

Clinic/Hospital Affiliation: __________________________
City: __________________________  Phone: (______)_________ - __________

Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Program to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: __________________________  DATE: __________
Parent or Guardian
AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY

4-H Medium to High Activity

NAME OF EVENT: Jr. Leadership Conference          DATE(S) Feb. 28-March 1          YEAR 2015

This is a legal document. You must read and understand it before signing it.

The Activity is a overnight conference at a hotel/conference facility.

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing my child to participate in this Activity. Risks include but are not limited to team-building activities, mixers, games, swimming, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and from the use of equipment, materials, or facilities recommended by the University of Illinois; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care. I understand that the University of Illinois does not guarantee the personal health or safety for participants, nor does it protect against risk of loss of personal property.

I verify that I have knowingly disclosed all pertinent medical and health information about my child in the UI Extension 4-H Program Youth Emergency Medical Information form, which I have completed and signed. (May be crossed out if not applicable.)

If my child is injured or becomes ill, and/or causes harm to another person or another person’s property while participating in this Activity, I will accept responsibility for any losses and medical bills, including co-payments and deductibles not covered by the American Income Life Medical/Accident insurance policy, if purchased in conjunction with this Activity. I will not seek reimbursement from the University of Illinois.

I understand the University of Illinois does not assume responsibility for events that are not part of the Activity described above, or that are beyond the control of the University, its employees, its agents, or its volunteers, or for situations that may arise due to the failure of the participant to disclose pertinent information.

My child and I understand and agree to abide by the Youth Behavior Guidelines provided by University of Illinois Extension 4-H. I understand that the UI Extension has the right to ask my child to leave the Activity if a UI representative deems that my child’s behavior or action poses a threat to others participating in the Activity.

I affirm I have reviewed and understand the pertinent safety policies. (May be crossed-out if not applicable.)

In consideration for allowing my child to participate in the Activity, I release the Board of Trustees of the University of Illinois, its officers, employees, agents and volunteers from any and all liability, and waive any and all claims that my child and I may have, arising out of or in any way connected with the Activity and my child’s participation in the Activity. This release and waiver is binding on my heirs, assigns and representatives.

Youth’s Name

Parent’s Name          Phone

Address          City          State          Zip

Parent or Legal Guardian’s Signature

Assumption of Risk and Release – 4H medium to high physical activity/Approved for legal form 082009 (LMP)