

Virginia Cooperative Extension

A partnership of Virginia Tech and Virginia State University

 **VirginiaTech**
College of Agriculture
and Life Sciences



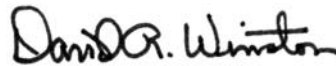
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May 22, 2009

To: Dairy Youth in the Southeast
Dairy Youth Specialists in the Southeast
Extension Agents with 4-H Dairy Responsibilities
4-H Dairy Volunteer Leaders
Agricultural Education Instructors

From: David R. Winston
Extension Dairy Scientist, Youth



Subject: 2009 Southeast Dairy Youth Retreat

Virginia has the honor of hosting the 2009 Southeast Dairy Youth Retreat. This year's retreat will be headquartered on the Virginia Tech campus in Blacksburg from Sunday, July 5 through Wednesday, July 8. The retreat is open to youth ages 9 to 21 who are interested in dairy cattle and the dairy industry. At least one chaperone per eight youth must accompany youth participants.

Approximately 100 youth and adults from Florida, Georgia, North Carolina, South Carolina, and Virginia are expected to attend the retreat that will offer a variety of activities including farm tours, hands-on workshops, and recreational events, to name a few.

Each participant must complete and return a registration form along with payment. The form must be postmarked on or before June 19, 2009. The registration fee for the retreat is \$200.00 per person and covers lodging, events, and meals from dinner on Sunday evening through breakfast on Wednesday. Checks should be made payable to "Virginia 4-H Foundation - Dairy Account."

A signed 4-H Health History Report Form must be submitted with the registration form. In addition, a signed Virginia 4-H Code of Conduct Form and Medication Form (if applicable) must be submitted for each participant at check-in. Youth delegates under 18 years old must submit all of the required forms with signatures in order to check in.

For additional information, please contact me by phone at (540) 231-5693 or via e-mail at dwinston@vt.edu. I hope to see you and your youth in Blacksburg in July. The retreat promises to be lots of fun!

www.ext.vt.edu

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2009 Southeast Dairy Youth Retreat

Tentative Schedule

Sunday, July 5, 2009

- 3:00 PM Check-in
- 5:15 PM Icebreakers
- 6:15 PM Dinner
- 7:30 PM Dairy quiz bowl mixer
- 9:00 PM Ice cream social
- 11:00 PM Lights out



Monday, July 6, 2009

- 7:15 AM Breakfast
- 8:30 AM Workshops in the Dairy Science labs
- 11:45 AM Lunch
- 12:45 PM Workshops at the Virginia Tech Dairy Center
- 4:30 PM Swimming
- 6:15 PM Dinner
- 7:30 PM Evening program
- 8:30 PM Recreation
- 11:00 PM Lights out

Tuesday, July 7, 2009

- 7:00 AM Breakfast
- 8:00 AM Load busses
- 10:30 AM L.R. Hammock & Sons Dairy
- 11:40 AM Jareco Dairy – James & Jennifer Cook
- 12:30 PM Box lunches
- 1:45 PM Homestead Creamery
- 4:00 PM Gardner Custom Heifers
- 6:45 PM Return to campus
- 7:30 PM Pizza party
- 8:30 PM Dance with DJ Earl Brown
- 11:00 PM Lights out



Wednesday, July 8, 2009

- 7:15 AM Breakfast
- 8:00 AM Pack and clean up dorm rooms
- 9:00 AM Junior Dairymen's Contest
- 11:00 AM Closing program
- 11:30 AM Leave for home

2009 Southeast Dairy Youth Retreat

Registration Form

Complete this form and return with payment to: David R. Winston
Extension Dairy Scientist, Youth
Department of Dairy Science (0315)
Virginia Tech
Blacksburg, VA 24061

Registration Deadline: Must be postmarked on or before **June 19, 2009**

Registration Fee: \$200.00 per person

Make checks payable to: "Virginia 4-H Foundation - Dairy Account"

Please **type or print** neatly. The address you provide will be printed in the retreat roster.

Last Name _____ First Name _____

Nickname for Nametag (if different from above) _____

Address (Street/Rural Route/Box Number) _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

E-mail Address _____

T-Shirt Size (*adult sizes*): S M L XL XXL

Youth Delegate: _____ Sex: Male Female
Date of Birth (mm/dd/yyyy) _____

Chaperone's Name _____

Roommate Preference: _____
Last Name _____ First Name _____
(If no preference is given, a roommate will be randomly assigned.)

Adult: Sex: Male Female

Roommate Preference: _____
Last Name _____ First Name _____
(If no preference is given, a roommate will be randomly assigned.)

Virginia Cooperative Extension

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INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: 2009 Southeast Dairy Youth Retreat

DATE(S) OF EVENT: July 5-8, 2009 LOCATION: Virginia Tech, Blacksburg, VA

PARTICIPANT IDENTIFICATION

NAME: _____ FEMALE: MALE:

Last First (Underline name by which you like to be called) Middle

MAILING ADDRESS: _____ PARTICIPANT CELL PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: (____) _____

AGE: _____ BIRTHDATE: _____ HOME EMAIL: _____

RACE: (Optional) WHITE HISPANIC BLACK AMERICAN INDIAN ASIAN MULTICULTURAL

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

FATHER'S NAME (OR GUARDIAN): _____ FATHER'S EMAIL: _____

FATHER'S PHONE DAYTIME: _____ EVENING: _____ CELL: _____

MOTHER'S NAME (OR GUARDIAN): _____ MOTHER'S EMAIL: _____

MOTHER'S PHONE DAYTIME: _____ EVENING: _____ CELL: _____

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? _____

ADDRESS, IF DIFFERENT THAN CHILD: _____

PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME: _____

PHONE: (____) _____

DENTIST / ORTHODONTIST NAME: _____

PHONE: (____) _____

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?: YES NO

(Check one)

CARRIER: _____

POLICY ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?

LOCATION: _____

PHONE: (____) _____

CELL PHONE: (____) _____

2. IF YOU **CANNOT** BE REACHED, WHO SHOULD BE NOTIFIED?

NAME: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

CELL PHONE: (____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

YES NO



Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University

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VIRGINIA STATE UNIVERSITY

* 18 U.S.C. 707

PARTICIPANT HEALTH AND MEDICAL HISTORY

(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?

[Check (✓) all that apply]

- Asthma Bleeding disorders Attention disorders (ADHD)
- Eating disorders Seizures/Convulsions Wears contacts
- Diabetes Bed Wetting Behavior
- Fainting spells Non-food allergies Other: _____

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

YES NO If YES, *please explain:* _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

YES NO If YES, *please explain:* _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME:

SIGNED: **X** _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME:

SIGNED: **X** _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? YES NO **Date of most recent tetanus shot:** (month/year) _____/_____/_____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____, _____, _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____

4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- ✓ Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- ✓ All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**.
- ✓ Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**.
- ✓ Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

I have read and understand the above policy.

Parent/Guardian initials: _____ **Date:** _____

Member's Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

Parent/Guardian Signature: _____ **Date:** _____



4-H Year: _____

CODE OF CONDUCT FOR VIRGINIA 4-H PROGRAMS/EVENTS*

(This form covers any 4-H program/event from _____ to _____.)

Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.
13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

Consequences

Unacceptable behavior during a 4-H program/event (as defined within this Code of Conduct or through a review process by 4-H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

Signature(s) (Both signatures are required for participants under 18 years old.)

I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

Participant Signature

Date

I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent/Guardian's Signature (for participant under 18 years old)

Date

(* Approved by 4-H Leadership Council on August 16, 2002)