

Submit to County Office no later than June 1, 2010
***Do not send to State Office**



4-H Summer Conference Registration Form June 23-26, 2010

Name _____ County _____

_____ Address _____ City _____ State _____ Zip _____

_____ Day Phone _____ Evening Phone _____ Cell Phone _____

_____ E-Mail Address (print clearly) _____

_____ Age _____ Grade 09-10 School Year _____

Circle One: Adult Youth

Circle One: Male Female

Shirt Size (circle one): Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL Adult XXL

Special needs and/or dietary restrictions? (Please explain) _____

Allergies: _____

Special Dorm Requests (roommates, floor, etc.) _____

Transportation: Four charter buses will provide transportation along specific routes to and from Summer Conference. The cost depends on where you board. Space is limited, so make your reservations early!

Bus route requested: (please check location you would board)

Route 1

- Ontario \$30
- Burns \$30
- Bend \$20

Route 2

- Island City \$30
- Hermiston \$30
- Arlington \$20
- The Dalles \$20
- Wilsonville \$10

Route 3

- Klamath Falls \$30
- Central Point \$30
- Grants Pass \$20
- Sutherlin \$20
- Springfield \$10

Route 4

- St. Helens \$30
- Astoria \$30
- Tillamook \$20
- Lincoln City \$20
- Newport \$10

Registration Fees (check all that apply):

(Fee includes lodging, meals, t-shirt, class materials and CD)

***No registrations accepted after June 10. Registrations after June 1st accepted on a space available basis**

_____ Youth Conference Fee June 23-26, 2010 (Wed. – Sat.): \$200
_____ Congress Only June 25-26, 2010 (Fri. – Sat. only): \$120
_____ Chaperone Fee (after June 1st \$200) \$125
_____ Member Late Registration Fee (after June 1) add \$25
_____ Bus (fill in appropriate fee) \$_____

Total Due _____

***Please make checks payable to Oregon 4-H Foundation**

Cancellation Policy

Before June 1, 2010Full Refund
June 1- June 10, 2010.....\$100 non-refundable
After June 10, 2010.....No Refund

This Portion to be filled out by County office staff

Payments

Scholarships (From _____) \$ _____

County Contribution \$ _____

Personal Check (From _____ Check # _____) \$ _____

Registration includes the following:

- _____ **Completed Registration Form**
- _____ **Class Sign-up Form**
- _____ **Health Form**
- _____ **Code of Conduct Form**
- _____ **Check for Registration Fee**
- _____ **Class Permission Form for Climbing the Walls (if class requested)**

member has **not** consented to media release from 4-H enrollment

For State Office use only:

Date Rec'd _____

Registration Fee: _____

Check 1 _____

Check 2 _____

2010 Summer Conference Class Sign-Up Directions

Please follow these directions carefully to sign up for classes. Because many classes have limited enrollment, you will need to sign up for three different choices for each time slot. Every effort will be made to place you in as many of your first choices as possible, but do not expect to get your first choice in everything.

1. Read the class descriptions. These are available on the website at:
<http://oregon.4h.oregonstate.edu/sc-registration>
2. Review the schedule of when classes are offered (page 2). Be sure you note which are full day, half day and 90 minutes classes. **Make sure the classes you sign up for are offered at the times you select.**
3. Use the Class Sign-Up form on page 3 to fill in the name of your first, second, and third choices. **Do not use the same class as your first, second and third choice.** Be sure to fill in the entire chart. If a class is ½ day or full day, fill in all appropriate time slots with the same class name.
4. Have your parent or guardian sign the form.

Example

Thursday	1 st Choice Class Name	2 nd Choice Class Name	3 rd Choice Class Name
8:30 – 10:00	Dog Agility	Tour OSU	Shooting Sports
10:30 – 12:00	Dog Agility	Table Settings	Shooting Sports
1:30 – 3:00	Ranch Dog	Runway Magic	Shooting Sports
3:30 – 5:00	Cow Working	Juggling	Shooting Sports

Special Notes:

If you are a **Congress finalist**, you will need to sign up for Congress Interviews Friday morning from 8:00 to 10:00am.

If you are a first year **County Ambassador**, you will need to sign up for the Ambassador Training session on Thursday from 10:30 to noon. It is highly recommended, but not mandatory, that **State Ambassador candidates** attend ambassador training regardless of previous attendance.

If you are interviewing to become a **State Ambassador**, you will need to sign up for State Ambassador Interviews on Thursday from 1:30 to 3:00.

If you are signing up for **Climbing the Walls**, you will need to fill out the special permission form (available on the website).

Workshops for Thursday, June 24

Session A 8:30-10:00	Session B 10:30-12:00	Session C 1:30-3:00	Session D 3:30-5:00
Coast Trip A: Tour and Fish Senses Lab.....			
Coast Trip B: ROV Design Challenge.....			
Coast Trip C: Cape Perpetua.....			
Shooting Sports.....			
Bread & Jam Making.....		Welding.....	
Dog Agility.....			
Sketching in 3D (7 th -9 th graders).....			
Climbing the Walls	Alcohol Ink Coasters	All Wrapped Up	All Wrapped Up
Colors	Ambassador Training	Geocaching	Basic Dance
Icebreakers	Animal Anatomy	Homemade Salsa	Chocolate Making
Knots	Climbing the Walls	ID Theft	Choices
Legos	Colors	Leader in You	Cow Working
Make A Difference	Rocket Science	Ranch Dog	Das Video
Rocket Science	Swing Dance	Roping	Dollars and Sense
Swedish Weaving	Table Settings	Runway Magic	Juggling
Tour OSU	Team Building	Soccer	Lights, Camera, Action
Yoga	Time Capsule	State Ambassador Interviews	Science of Beauty
		Swing Dance	Style Salon
		Vet School Tour	Vet School Tour

Workshops for Friday, June 25

Session A 8:30-10:00	Session B 10:30-12:00	Afternoon 1:30-5:00
Chart Your Life.....		Community Service Project
Logging Tour.....		
Sketching in 3D (10 th – 12 th graders).....		
Athletic Tour	Animal Science Tour	
Chocolate Making	Bollywood	
Climbing the Walls	Cheese Making	
Congress Interviews	Climbing the Walls	
Creativity	Creative Explosion	
Dealing with Difficult People	Decorating Cookies	
Fly Tying	Engineering Tour	
Lego Robotics	Fly Casting	
Livestock Activities	Impromptu Speaking	
Oral Reasons	Knitting & Crocheting	
Poster Making	Lego Robotics	
Tour OSU	Oslo to Melbourne	
Yoga	Raptors	

2010 Summer Conference Class Sign-Up Form

(Please read directions before filling out this form.)

Name _____

County _____

Check all that apply

Youth

- I am a youth participant
- I was selected for Congress Interviews
- I am applying to be a County Ambassador
- I am interviewing to be a State Ambassador

Adult

- I will be driving a large vehicle and can provide transportation for off campus classes. I can carry _____ passengers.
- I would be willing to drive an OSU van.
- I have taken the OSU Van Driver Safety Test
- I would like to chaperone the following:
 - _____ Swimming/Games (Wednesday)
 - _____ Outdoor Games (Thursday)
 - _____ Dance/Bowling/etc. (Friday)
- I am an EMT

The two classes I most want to attend are:

1. _____
2. _____

Make sure classes are offered at the times you choose.

Thursday	1st Choice Class Name	2nd Choice Class Name	3rd Choice Class Name
8:30 – 10:00			
10:30 – 12:00			
1:30 – 3:00			
3:30 – 5:00			

Friday	1st Choice Class Name	2nd Choice Class Name	3rd Choice Class Name
8:30 – 10:00			
10:30 – 12:00			

I approve these class selections, and I understand that substitutions may be made if classes are full.

_____ (signature of parent or guardian)

_____ (date)

OFFICIAL 4-H HEALTH FORM

Rev. 9-09

County _____

Type of activity: county/area state regional national (check one)

Name of event/activity _____

Participant's Name: _____

Address: Last First M.I.
Street Address _____

Participant is: Adult Youth Male Female
City State Zip Code

Emergency Contact: _____
Grade Birth Date Home phone

Name Relationship
Daytime phone Evening phone
Cell phone Other

Health Statement (to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe:				Yes	No
Name of all medications:					
Name and phone number of physician:					

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability, Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?
 Yes _____ No _____ If yes, please describe: _____

*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant _____ Date _____

OREGON STATE UNIVERSITY
DEPARTMENT OF RECREATIONAL SPORTS
INDOOR CLIMBING CENTER

ASSUMPTION OF LIABILITY AND RISK AGREEMENT

I acknowledge that climbing is a dangerous activity with the potential for death, serious injury and property loss. I realize that the inherent risks of climbing include, but are not limited to falls, equipment failure, bad decision making, inattentive belayers and holds that have become loose or damaged by other climbers. I understand that there are freakish accidents and I assume all risks associated with such accidents even though I cannot foresee them.

I agree to pay attention to the condition of the ropes, harnesses, anchors and all equipment and to advise the facility staff if I do damage or notice any damage. I agree to abide by all gym rules and if the facility staff make a specific request or instruction of me, I agree to comply.

I am physically fit and know of no medical reason why I should not participate in this activity.

I give permission for the facility staff to seek medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Oregon State University does not pay any medical insurance coverage for me while participating in this facility.

I agree to assume all risk of personal injury, including paralysis and death, medical expenses, disability, lost wages, loss of earning capacity and property damages and loss incurred while participating at the ORS Indoor Climbing Center. I hereby release Oregon State University, the Department of Recreational Sports the City of Corvallis and any of their agents and employees from any loss, liability, damage or costs including court costs and attorney fees that they may incur due to my participation in this activity, whether caused by negligence of the ICC staff or other parties released. I understand this agreement is binding on my family, heirs and executors.

I have read the above assumption of risk and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older, or that my parent/legal guardian has read and signed as well.

Signature of parent or legal guardian of participant who is under 18 years of age:

Parent Printed Name: _____ Parent Signature: _____

Signature of Participant: _____

Gender: Male Female

Printed Name: _____

Date: _____

Address: _____

Phone: _____

City: _____

Zip Code: _____

Emergency Name: _____

Phone: _____

OREGON STATE UNIVERSITY

Recreational Sports

Participant Waiver

Date: June 23rd through June 25th 2010

Facility: Recreational Sports Facility at Dixon on the OSU campus

Program/Activity: Pool, Indoor Climbing and Other Activities

- Persons wishing to participate in certain higher risk campus recreational activities are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participating.
- Participant, in being granted access to the above facility agrees to abide by the attached rules for the facility as well as all rules and safety requirements for the program or activity: *(Attach rules for facility and activity)*
- Participant shall indemnify, defend and hold harmless the State of Oregon, the State Board of Higher Education, Oregon State University, its officers, agents and employees from all claims, suits, or actions of any nature other than negligent acts of the State of Oregon, the State Board of Higher Education, Oregon State University, its officers, employees, and/or agents.
- Persons participating in campus programs and/or activities do so at their own risk.

I understand there is a risk of injury in participating in the use of the above facility, program and/or activity due to its inherent nature. By signing below, I acknowledge that I have read and understand this assumption of risk and agree to the conditions listed above.

Signature of Participant: _____ **Gender:** Male Female

Participant Date of Birth: _____ **Age:** _____

Printed Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City: _____ **Zip Code:** _____

Emergency Contact Person: _____ **Phone:** _____

Signature of parent or legal guardian of participant who is under 18 years of age:

Parent Printed Name: _____

Parent Signature: _____ **Date:** _____