

Grady County OHCE Presents Kitchen Basics for Youth



Registration Form

Open to youth ages 11-17 living in Grady County. Please return this form and the attached Youth Participation Form to the Grady County OSU Extension Center.

Registration opens May 1^{st} , 2023 and closes June 1^{st} , 2023.

Participant's Name (please print):					
Participant's Age:	Town of School or Residence:				
Adult Contact Information					
Phone:	Email:				
Parent or Guardian Permission					
By signing this form, I, (please print your name) permission for my child to attend the Kitchen Basics for Youth class.					
Signed:	Date:				

This program can accept 15 students at a time. Participants will be chosen on a "first-come, first-serve" basis. If your child has been selected but will not be able to attend, please let the office know so that we can offer the spot to a child on the waitlist.

Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Riley DuBois at (405) 224-2216 at least two weeks prior to the event.

Oklahoma State University, as an equal opportunity employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. Oklahoma State University is committed to a policy of equal opportunity for all individuals and does not discriminate based on race, religion, age, sex, color, national origin, marital status, sexual orientation, gender identity/expression, disability, or veteran status with regard to employment, educational programs and activities, and/or admissions. For more information, visit https://eeo.okstate.edu.

Youth Participation Form



PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

Form 1

- THIS SIGNED FORM MUST BE COMPLETED BY A PARENT/LEGAL GUARDIAN.
- BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN AN OVERNIGHT OR OUT-OF-COUNTY PROGRAM/CAMP/TRIP/EVENT SPONSORED BY 4-H THE INFORMATION MUST BE REVIEWED AND UPDATED BY THE PARENT/GUARDIAN.
- THIS FORM MAY BE REQUIRED BY YOUR COUNTY AS PART OF THE ANNUAL ENROLLMENT PACKET AND WILL BE USED BY CERTIFIED CLUB VOLUNTEERS, GENERAL COUNTY 4-H EVENTS AND ACTIVITIES AND DISTRICT, STATE AND NATIONAL 4-H EVENTS AND ACTIVITIES.

PARTICIPANT INFORMATION									
Name of Participant:								Date F	orm Completed
Address:			С	ity:		Sta	te:	•	Zip:
Date Of Birth:						Gender at	Birth:	M C]F
PARENT/GUARDIAN INF	ORN	MATION							
Parent/Legal Guardian Name:									
Address:			С	ity:			Sta	te:	Zip:
Home Phone:				ell Phone:	Wo	Work Phone:			
EMERGENCY CONTACT I	NFC	RMATION							
#1 Name	F			tionship	Ph	Phone:			
#2 Name			Rela	ntionship	Phone:				
INSURANCE INFORMATO	ON								
Do you have health/acci	iden	t insurance? (circ	cle on	e): 🗖 Y	ES 🔲 N	Ю			
Insurance Company Name:									
Types of Medications being taken Prescription (Must complete pg. 6) Medications Over the Counter None at this time									
RX Authorization, Waiver and Consent for Self-Administration (page 6) - Parent/Guardian is legally responsible for the medications and the self-administration of the prescription by the participant. Be sure to complete the appropriate section on page 6 if any prescriptions are noted above.									
MEDICAL MARIJUANA - OSU receives federal funds and must comply with the Federal Drug-Free Schools and Communities Act and the Federal Drug-Free Workplace Act.									
While the use of medical marijuana has been legalized in the state of Oklahoma, federal law prohibits the use, possession or cultivation of marijuana for any reason on the OSU campus and also prohibits the use and distribution of marijuana for any reason at events authorized or supervised by OSU (which includes programs offered by the Oklahoma Cooperative Extension Service and 4-H).									
History of Allergies or reactions to:	00	Medication Plants	eck ALL	Allergies/Reactions Insects/stings/bites Other No Known Allergies		Explain Alle	rgies/Rea	ctions:	
History of Food Allergies?	000	Eggs Dairy Fish/Shellfish	Chec	k ALL Allergies Nuts Wheat Other No Known Food Alle	ergies	Explain Foo	d Allergie	s:	

	ietary Restrictions or spe eeds?	cial	Explain Dietary Needs:					
m lir	nysical, behavioral or nental condition that would mit participation in normal ctivities/projects?	0000	Check Al ADD/AD HD Asthma Autism/Asperger Diabetes	LL that	t apply Epilepsy/Convulsions Heart/Lung Nose Bleeds Other	Explain Cond	dition/Limitation(s):	
	o any of the following ledical Assistance apply?		Check A Dentures/Dental Plate/Partial/Retainer Glasses/Contact Lenses Hearing Aid/Implant	LL that		Other: (Expl	ain)	
	Authoriz	atio	on, Waiver and Consei	nt fo	r Self-Administration of	Prescription	on Medications	
•		ation	(s) information must be		icipant to self-administer r ATED prior to any Progran			
or	epilepsy may be brotherization to self-m	ougl anag	nt to the 4-H event, page their care and the control of the contro	progi		condition of medica		
☑	Label must include	the	name, address and p	hon	e number for pharmaci	st and pres	scriber's name.	
☑	Containers must he	old o	only the amount requ	ired	for the time the partici	pant will b	e attending the 4-H event.	
_			(Pr	int fu	ull Name of Parent/Guar	dian <i>) have</i>	e legal authority to consent to	
me	edical treatment, inc	ludi	ng the administration	of R	Rx medication for this m	inor. 1	Today's Date	
•	l accept the respon	sibil	ity to keep the prescri	ptio	n information current w	hile my chi	ld is enrolled in 4-H.	
	Parent/Guardian Ir	nitia	ls					
•	I authorize and reco	omn	nend self-medication l	by m	y child for the medication	ns listed o	on this form.	
	Parent/Guardian Ir	nitia	ls					
•	I also affirm that he	/sh	e has been instructed	in th	ne proper self-administra	ation of the	e prescribed medication by	
	his/her attending p	hysi	cian. Parent/Guardia	n Ini1	tials			
•	I shall indemnify an	d ho	old harmless the Prog	ram !	Staff, Oklahoma State U	niversity, it	ts Board of Regents,	
	Administration, Fac	ulty	, Staff, Student Leade	rs, V	olunteers and all other o	officers, dir	ectors, employees and agents	
	against any claims	hat	may arise relating to	mv c	hild's self-administration	n of prescr	ibed medication(s).	

Parent/Guardian Initials _____

CODE OF CONDUCT - Rules and Disciplinary Procedures

Rules Participants and Parents Need to Know:

These guidelines are not "all inclusive", the Extension Service reserves the right to make adjustments to the Code of Conduct.

Section I. In seeking uniformity in the conduct expected at each county, district, state, national, and international 4-H event, the following guidelines have been developed.

- Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, will not be permitted to negatively impact the program experience of others. Most programs are short in duration, so prompt action is required when problems occur.
- All rules and regulations governing an activity, event or facility use will be discussed with educators, certified volunteers, parents and 4-H'ers prior to or at the beginning of each event.
- All 4-H'ers are under the supervision of any Extension staff or certified volunteer(s) assigned to the event.
- If the 4-H'er is found in violation of the Code of Conduct and disciplinary action is required his/her parent/guardian will be notified immediately and the 4-H'er may be suspended from participation in county, district, state, national and international 4-H activities and/or membership revoked. As deemed necessary, the appropriate County, District or State 4-H Office will be notified of disciplinary action.
- Participants dismissed from a program for disciplinary reasons will not receive a refund on any fees paid to attend.
- If a 4-H'er wishes to appeal the disciplinary action he/she must appeal in writing through their County Extension Office. Appeals must be filed within 30 days following notification of punishment. As necessary, the State 4-H Leader shall appoint an appeal board, no sooner than 30 days following the date of notification of the disciplinary action.
- Participants are responsible for securing their belongings. Neither Oklahoma State University, nor Extension Staff or certified volunteer, is responsible for lost or stolen items. Leave excess money and valuables at home. Valuables brought to the program are at participants' risk and can only be used at free or other authorized times.

Section II. The following actions will be considered a serious breach in conduct. This is not an all-inclusive list of conduct violations.

- Misconduct is deemed in violation of a law The appropriate law enforcement agency will be notified.
- Assault or Personal Harm Inflicting physical or emotional harm on self or others.
- **Bullying and Harassment** Physical, emotional, or electronic harassment/harm against self, fellow participants or staff.
- Possession, distribution, sale or use of: illegal drugs/substances; alcoholic beverages; any form of medical marijuana; marijuana by-products; tobacco or vapor products; fireworks; or weapons (does not limit the use of approved sporting arms when and where authorized).
- Sexual Misconduct Engaging in contact of a sexual nature.
- Coed Visitation

 —Coed visitation is permitted only in designated common areas, not in sleeping rooms. It is recognized that circumstances may arise for justifiable

- exceptions to this policy. However, in every case, permission for exceptions must be secured from chaperone in advance.
- Theft, Misuse or Abuse of Public or Personal Property Any damages caused by neglect or misuse will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages property. Any individual found tampering with any fire equipment (e.g. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the Program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas. All furniture must remain unchanged and kept in place.
- Search of Property If a question regarding any of the above is raised, 4-H member consents to a search of his/her room and/or personal property. Failure to comply will result in violation of the Code of Conduct.

Section III. The following actions will be considered a breach in conduct. This is not an all-inclusive list of conduct violations.

- Breaking curfew and/or disturbing the peace Participants will abide by curfew.
- Violating the Dress Code
- Use of Abusive and Offensive Language
- Unexcused Absence from the activities of the event Participants are to remain on the event site and attend all
 workshops, classes, and planned social or recreational
 activities for the duration of the program unless program
 activities require otherwise. If a participant needs to leave
 campus or event site, supervising Extension staff or
 certified volunteer must have prior written approval from
 the parent or guardian and agree to grant specific
 permission.
- Unauthorized Use of Vehicles during the event Participants are not allowed to drive or ride in personal
 vehicles during the dates of the program unless they
 receive specific permission to do so from their supervising
 extension staff or certified volunteer. While we understand
 that some participants will drive to the event, our policy is
 that participants should not be driving during the event.
 Participants may be asked to turn their car keys in to the
 supervising staff or certified volunteer for the duration of
 the program.
- Misuse of Technology Participants must never misuse internet, social media, cell phone or any new technological devices. Accessing or sending unauthorized or inappropriate content is strictly prohibited.

Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks

I, the undersigned, wish for my Child (hereafter "Child") to participate in Oklahoma 4-H Youth Development program (hereafter "Program") as part of his/her annual enrollment, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve known and unknown risks and dangers and have elected to allow my Child to take part in the Program. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release Oklahoma 4-H, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "OSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from a 4-H activity/sanctioned event. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and are not all inclusive. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this Waiver and I understand and agree to all of the terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Parent/Legal Guardian Signa	ature:	
Date:		