

Youth Participation Form

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

THIS SIGNED FORM MUST BE SUBMITTED BY A PARENT/LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE REFERENCED PROGRAM/CAMP/TRIP/EVENT

Program/Camp/Trip/Event Name:			
Date(s):		Time(s):	
Location:			
PARTICIPANT INFORMATION			
Name of Participant:			
Address:	City:	State:	Zip:
Phone Number:	Date Of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
PARENT/GUARDIAN INFORMATION			
Parent/Legal Guardian Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
EMERGENCY CONTACT INFORMATION			
Name/Relationship:	Home Phone:	Work Phone:	Cell Phone:
Name/Relationship:	Home Phone:	Work Phone:	Cell Phone:
<p>MEDICAL INFORMATION - Oklahoma State University requests the information below so that in case of emergency, we have accurate information to provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. As a participant, parent, or guardian it is your responsibility to disclose relevant information that may result in harm to Participant and/or others during this Program. By signing this form, I represent and warrant that I have provided all materials and important information to Oklahoma State University pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the 4-H program and or Oklahoma State University of any changes in the mental, physical or medical condition of the Participant prior to any scheduled Program.</p> <p>By revealing or disclosing the medical information in this document it will <u>not</u> be used by Oklahoma State University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant. Final determination about whether to participate is the responsibility of you and your physician. This information will be kept in strict confidence and will only be shared with your permission.</p> <p>In cases where medical attention is necessary, parents will be contacted for approval when possible; however, in the event of an emergency the 4-H staff will seek medical care for any child in their care. Oklahoma State University does not offer any form of insurance for participant while participating in Programs. Full medical expense will be the responsibility of parent or guardian.</p>			
Physician's Name:		Phone Number:	
Date of most recent tetanus toxoid immunization:			
Do you have health/accident insurance? (circle one): <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, ATTACH A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD TO THIS FORM			
Insurance Company Name:			
Address:			
Policy/Group#		ID#	

Insurance Card Front or attach copy		Insurance Card Back or attach copy	
Circle appropriate response and explain as appropriate. Use additional paper if needed.	CIRCLE ONE		IF yes, identify and/or explain:
Does Participant have any limiting medical conditions that you or your doctor feel would limit participation in normal 4-H projects or activities?	YES	NO	
Is Participant currently taking medication that may interfere with ability to safely participate in 4-H Program?	YES	NO	
Does Participant have a history of allergies or reactions to medications, insect stings, or plants?	YES	NO	
Does Participant have a history of food allergies?	YES	NO	
Does Participant have a history of, or currently suffer from medical condition(s) with which we need to be aware?	YES	NO	
AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION <p>Generally 4-H staff will only have minor first aid supplies at overnight events and will avoid dispensing medications; however, at times a child may become ill while on an extended event or out of county trip and unless we have parental authorization, we cannot administer <u>ANY</u> medications.</p> <p>Below is a list of common OTC medication. By checking, I authorize that the following medications may be given to Participant if the need arises. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the below indicated over-the-counter medications.</p>			
Category 1 - May be administered without phone approval <input type="checkbox"/> Sunscreen <input type="checkbox"/> Bug repellent <input type="checkbox"/> Ointments for minor wound care or first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) <input type="checkbox"/> Tylenol/Acetaminophen as directed. <input type="checkbox"/> Ibuprofen as directed. <input type="checkbox"/> Throat lozenges and or spray as directed for sore throat. <input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites. <input type="checkbox"/> Medicated powder for skin irritation as directed. <input type="checkbox"/> Calamine lotion for bug bites and poison ivy. <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed. <input type="checkbox"/> Other (list any other approved over-the counter drugs)		Category 2 - May be administered without phone approval, when possible will be discussed with parents first. <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed. <input type="checkbox"/> Milk of Magnesia, Pepto-Bismol or Mylanta for upset stomach or nausea as directed. <input type="checkbox"/> Roloids or Tums for acid reflux, heartburn or indigestion as directed. <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed. <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions. <input type="checkbox"/> Visine or other eye drops for minor eye irritation. <input type="checkbox"/> Swimmer's ear drops as directed. <input type="checkbox"/> Robitussin or other cough syrup as directed. <input type="checkbox"/> Other (list any other approved over-the counter drugs)	
Prescription Medication			
Will Participant need to take prescription medication while at the event or program? If yes, FORM		YES	NO
#2 MUST BE COMPLETED AND ATTACHED TO THIS FORM			

CODE OF CONDUCT - Rules and Disciplinary Procedures

Rules Participants and Parents Need to Know:

- I. In seeking uniformity in the conduct expected at each county, district, state, national, and international youth 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 impact negatively on the program experience of others. Most programs are short in duration, so prompt action is required when problems occur.
 - Realizing these guidelines are not “all inclusive”, the Extension Service reserves the right to make adjustments to policies.
 - All rules and regulations governing an activity, event or facility use will be discussed with educators, certified volunteers, parents and youth prior to or at the beginning of each event.
 - All youth are under the supervision of any Extension staff or certified volunteer assigned to the event.
 - If the youth is found in violation of the Code of Conduct and disciplinary action is required his/her parent/guardian will be notified immediately and the youth may be suspended from participation in district, state, national and international youth activities and/or membership revoked. As deemed necessary, the appropriate County, District or State 4-H Office will be notified of disciplinary action.
 - If in the event any the misconduct is deemed in violation of a law, the appropriate law enforcement agency will be notified.
 - Participants dismissed from a program for disciplinary reasons will not receive a refund on any fees paid to attend.
 - If a youth wishes to appeal the disciplinary action he/she must appeal in writing through their County Extension Office or school administrator. 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 ext. 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.
- II. The following actions will be considered a **serious** breach in conduct. This is not an all-inclusive list of conduct violations.

<ul style="list-style-type: none"> • Assault or Personal Harm – Inflicting physical or emotional harm on self or others. • Prohibit the possession, distribution, sale or use of illegal drugs/substances, alcoholic beverages; any form of tobacco or vapor products, fireworks; and/or weapons (does not limit the use of approved sporting arms when and where authorized). • Sexual Misconduct - Coed visitation in the residence halls is permitted in designated common areas only not in sleeping rooms. No boys will be allowed in girls’ rooms nor will girls be allowed in boys’ rooms, either as individuals or groups. 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. 	<ul style="list-style-type: none"> • 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 (i.e. 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, youth consents to a search of his/her room and/or personal property. Failure to comply will result in violation of the Code of Conduct.
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- 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 nightly curfews and remain in there until morning.
 - **Violating the Dress Code**
 - **Use of Abusive and Offensive Language**
 - **Bullying and Harassment** – Physical, emotional or electronic harassment/harm against self, fellow participants or staff.
 - **Vandalism and Pranks** will not be permitted.
 - **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 for some reason, supervising ext. 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 the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, 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 youth program may involve risks and dangers, both known and unknown, 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 the above indicted 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 any and 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 document and I understand and agree to all of its 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.

I have read and discussed all three sections of this document. **DATE OF EFFECT: I agree to the terms listed UNTIL SEPTEMBER 1, 20____, or until such time that I am asked to complete a new or revised Consent Form.**

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

Authorization, Waiver and Consent for Self-Administration of
Prescription Medication Form

- This form must be completed in full in order for Participant to self-administer required medication.
- A new Prescription Medication form must be completed for each Program attended by the participant and signed by parent/guardian.
- **Each** prescription medication, dosage and time of administration must be noted.
- Self-medication of **any narcotic** requires a licensed health care signature on this form.

PROGRAM/CAMP INFORMATION

Program/Camp Name: _____

Date(s): _____

Time(s): _____

Location: _____

PARTICIPANT INFORMATION

Parent/Legal Guardian Name (if applicable): _____

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma or epilepsy may be brought to the 4-H event, program, or trip under the condition that the participant has written authorization to self-manage their care and the consumption/administration of medication.

Prescription medication must be in its original container labeled by the pharmacist and prescriber. Label must include the name, address and phone number for pharmacist and prescriber's name. Containers must hold only the amount required for the time the participant will be attending the event.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/frequency of administration: _____

If PRN (as needed), frequency: _____ If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Requirements: _____

Is the participant capable of self-managed care? ☐ YES ☐ NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotic.

Prescriber's Signature necessary only if the medication is a narcotic: _____ **Date:** _____**LIST ADDITIONAL PRESCRIPTION MEDICATIONS ON THE BACK**

I authorize and recommend self-medication by my child for the medications listed on this form. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced Program.

Parent/Guardian Signature _____ Date _____

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/frequency of administration: _____

If PRN (as needed), frequency: _____ If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Requirements: _____

Is the participant capable of self-managed care? ☐ YES ☐ NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

Prescriber's Signature necessary only if the medication is a narcotic: _____ **Date:** _____**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: _____ Dose _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/frequency of administration: _____

If PRN (as needed), frequency: _____ If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Requirements: _____

Is the participant capable of self-managed care? ☐ YES ☐ NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

Prescriber's Signature necessary only if the medication is a narcotic: _____ **Date:** _____**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: _____ Dose _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/frequency of administration: _____

If PRN (as needed), frequency: _____ If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Requirements: _____

Is the participant capable of self-managed care? ☐ YES ☐ NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

Prescriber's Signature necessary only if the medication is a narcotic: _____ **Date:** _____

REGISTRATION
EQUINE EDUCATION
EXTRAVAGANZA JULY 9-11, 2019

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL : _____ ROOMATE REQUEST: _____

PLEASE SELECT AN AFFILIATION:

☐ NONE ☐ 4-H ☐ FFA ☐ OTHER _____

AGE OF YOUTH REGISTRANT _____ (program available to students aged
12 to 18 years) ☐ Adult Participant

Cost: ☐ Full 3 day program \$150

☐ Day 1- Tuesday \$60

☐ Day 2 – Wednesday \$60

☐ Day 3 – Thursday \$60

Previous judging experience: (no experience is fine!)

Years _____ At what level? ☐ County ☐ State ☐ National

Complete registration, accompanying participation forms and make check
payable to **Equine Education Extravaganza** and send to:

101 Animal Science Bldg.

Oklahoma State University

Stillwater OK, 74078