4-H Enrollment

For members to be fully eligible for county fair, 4-H enrollment forms are due to the Lake County Extension Office by December 10th. Enrollment forms are available online, at the OSU Extension Office and included in this newsletter.

The Enrollment fee is $25 for the 2018-2019 4-H Year. This fee is due to the Extension Office with the completed enrollment form. Make checks payable to the 4-H Association. For those members who need assistance with the 4-H enrollment fee, please contact the Extension Office. Fee Assistance forms can be found online or at the OSU Extension Office. Applications are due with your Enrollment forms by December 10th.

All 4-H volunteers, please complete your enrollment paperwork by December 10th. This allows us to provide you with your club packet, including a club roster, health forms and member contact information at the beginning of January. If you have misplaced your enrollment paperwork, contact our office for a new form or visit the Lake County 4-H webpage, extension.oregonstate.edu/4h/lake.

New to 4-H?

If you are new to the Lake County 4-H Program, welcome! Keep an eye on your mailbox, as you will soon be receiving a welcome letter that will answer many of your questions about the 4-H program. This letter will also include the dates of the New 4-H Family Orientation held once in North Lake and once in Lakeview. If you just can’t wait to learn more, visit our website to read New 4-H Member Frequently Asked Questions: extension.oregonstate.edu/4h/lake/get-involved
Lake County
Extension Staff

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4-H Youth Development
Family Community Health
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Forestry Agent | Klamath/Lake County
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daniel.leavell@oregonstate.edu

OSU Lake County
Extension Service

541-947-6054
103 South E Street
Lakeview, OR 97630
extension.oregonstate.edu/lake
extension.oregonstate.edu/4h/lake
Pro Tip: use this calendar to write in the dates of your 4-H meetings, when you purchased project supplies, and other events and activities you are involved in.

Mark your calendar...
December 7: North Lake 4-H Enrollment Pick-Up | 1-2 pm
December 10: 4-H Enrollment Deadline
December 10: HDLR Scholarship Applications Due
January 9: Virtual All County 4-H Meeting | 6:30-7:30
January 18-21: High Desert Leadership Retreat

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Mark your Calendar…

January 9: Virtual All County 4-H Meeting | 6:30-7:30
January 18-21: High Desert Leadership Retreat
January 23: Lakeview New 4-H Family Orientation | 4-5 or 6-7
February 1: North Lake New 4-H Family Orientation | 11-noon

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Youth Mental Health First Aid Training

8 am-5 pm | Nov. 30th | North Lake School Library

Youth Mental Health First Aid supports participants in learning how to identify, understand and respond to signs of mental illness and substance use disorders. This 8-hour training equips adults with the skills they need to reach out and provide initial support to those who may be developing a mental health or substance use problem and help connect them to the appropriate care. This training will teach the common signs and symptoms of mental illnesses in the 12-18 years age group. This free training is provided by the Eastern Oregon Healthy Living Alliance, in partnership with the Oregon State University Lake County Extension Service. Contact the Lake County Extension Office to register for the training. Contact the OSU Extension Office to register.

North Lake Enrollment Pick-Up
Friday, December 7th

Jamie will be in Christmas Valley on Friday, December 7th, at the CV Boosters Building from 1 pm to 2 pm, to collect 4-H Enrollment forms. The 4-H Enrollment Fee is $25. Fee Assistance is available upon request. Enrollment must be completed and turned in with payment or Fee Assistance form attached by December 10th. For more information about 4-H Enrollment please contact the OSU Extension Office at 541-947-6054.

Camp Tumbleweed
March 26-29 | Camp Tadmor

Camp Tumbleweed is an annual camp designed specifically for 4th-6th graders across Oregon. The camp is held during spring break, March 26-29. This is a great way to meet other 4-H members from across the state! The Early Bird Registration Fee is $190. Scholarships for this camp are available and transportation is provided to camp. The camp theme this year is “Full Steam Ahead.” Online registration will open on February 1, 2019. If you have questions or would like to attend camp, please contact Samara at the Extension Office, 541-947-6054.

9th-12th graders
If you would like to serve as a Camp Counselor for Camp Tumbleweed, contact Samara so she can send you a camp counselor application. Applications are due to the OSU Extension Office on December 3, 2018.
High Desert Leadership Retreat is an annual youth conference held over the Martin Luther King, Jr. weekend.

During the four-day retreat youth from throughout Central Oregon gather at the Eagle Crest Resort to engage in skill building, leadership and fun!

Whether learning about working in teams, college preparation, healthy lifestyles, program planning, or public speaking, youth in 7th through 12th grades participate in hands-on activities, workshops, and seminars designed to enhance their capabilities, in school, at home, on the job, and in life.

This year youth can look forward to classes like, Ready, Set, Goal!, Perfectly Planned, Livestock Quality assurance, Outdoor Cooking, Art, Around the World of Careers, Yoga and many more!!
Oregon 4-H Member Enrollment Form
Enrollment Deadline December 10th

Lake County Extension Service
103 South E St, Lakeview OR 97630
541-947-6054
$25 Enrollment Fee (Make check payable to: 4-H Association)

New Enrollment .......................................... Q
Re-enrollment .............................................. Q

Family Information:
Family Last Name ___________________________ Family E-mail ___________________________
Family Primary Phone _________________________
Family Mailing Address __________________________
Street/Mailing Address __________________________ City __________ Zip __________

Member Information:
Legal Name (please print) __________________________
First ______ Last ______ Preferred Name ______
Year in 4-H ______________________ Birth Date __________________________ Gender: Q Male Q Female
Cell Phone __________________________
School __________________________ Grade ________

Parent 1
First ______ Last ______
Cell Phone __________________________

Parent 2
First ______ Last ______
Cell Phone __________________________

Second Household Contact Information (if applicable):
Name __________________________
First ______ Last ______
Address __________________________
Cell Phone __________________________ E-mail __________________________

City __________ Zip __________

Ethnicity (check one) Q Hispanic Q Not Hispanic
Race (check all that apply) Q White Q Black Q Alaskan/Am Indian Q Hawaiian/Pac. Island Q Asian
Q Balance/Other Q Prefer Not to State
Residence (check one) Q Farm Q Rural/10,000 Q Town/10 - 50,000 Q Suburb/50,000 Q City/50,000
Family Member in Military? Y N
What Branch? __________ Reserve or Guard? __________

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<th>Name of Club or Leader, if known</th>
<th>Year in Project</th>
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Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. Oregon State University Extension Service is an Equal Opportunity Employer.
## OFFICIAL 4-H HEALTH FORM

**County:** Lake

**Type of activity:**
- ☑ county/area
- ☐ state
- ☐ regional
- ☐ national

**Name of event/activity:** Lake County 4-H Program

### Participant's Name:

Last | First | M.I.
---|---|---

### Address:

Street Address

City | State | Zip Code
---|---|---

### Participant is:

- ☐ Adult
- ☐ Youth
- ☑ Male
- ☐ Female

**Grade** | **Birth Date** | **Home phone**
---|---|---

### Emergency Contact:

Name | Relationship
---|---

Daytime phone | Evening phone
---|---

Cell phone | Other
---|---

### Health Statement

**Does the participant have any dietary restrictions? If yes, please describe:** (to be completed by parent, physician or adult participant)

<table>
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**Does the participant have any allergies? If yes, please describe:**

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**Name of all medications:**

**Name and phone number of physician:**

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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
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: The Oregon 4-H Youth Development Program
Group: The Oregon 4-H Youth Development Program
Date(s): 2018-2019 4-H Year

Participant Information
Name: ____________________________
Age: ____________________________
Sex: ____________________________
Street: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________
Home Phone: ____________________________
Work Phone: ____________________________
Cell Phone: ____________________________

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to: OSU Lake County Extension | 103 South E Street - Lakeview, OR 97630 | (541) 947-6054

(INSERT Department contact name, address and phone number)

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Activity (hereafter referred to as ACTIVITY) described above may include activities that may cause injury and be dangerous. I acknowledge that participation in this ACTIVITY has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur (INSERT activities below):

Risks associated with participation may vary according to the nature of the program or activity (e.g., use of equipment or tools related to learning). I understand that I may contact an OSU Extension employee to learn more about the risks.

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the ACTIVITY. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY. I will indemnify Oregon State University, its officers, board members, agents, and employees (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my participation in this ACTIVITY.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rules and Regulations (including Code of Student Conduct, when applicable) and with any federal, state, city and other applicable laws or rules where the ACTIVITY is occurring. If this ACTIVITY is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this ACTIVITY and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the ACTIVITY with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the ACTIVITY site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation,* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

*If your participation requires an accommodation, please contact OSU Lake County Extension | (541) 947-6054 at least one week (7 days) before the date of the ACTIVITY.

Emergency Contact Name: ___________________________ Telephone Number: ___________________________

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: ___________________________________________ Date: ___________________________

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: ___________________________________________ Date: ___________________________

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.
The well-being of all 4-H program participants is important. Everyone has responsibilities.

**When I participate in 4-H programs, I agree to . . .**

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they are different from me.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (cell phones, computers, tablets, mp3 players, game devices, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age (e.g. tobacco, alcohol, illicit drugs, fireworks).
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender-specific areas [no boy in a girl’s room / no girl in a boy’s room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; and any other additional safety policies established by a specific event or program.)

I have read and agree to the Code of Conduct above. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or lose my membership privileges.

Print: Member’s Name

______________________________

Member’s Signature

______________________________

Date

______________________________

Parent/Guardian’s Signature

______________________________

Date

Revised July 2017, M. Lesmeister

OREGON STATE UNIVERSITY EXTENSION SERVICE OFFERS EDUCATIONAL PROGRAMS, ACTIVITIES, AND MATERIALS WITHOUT DISCRIMINATION BASED ON AGE, COLOR, DISABILITY, FAMILIAL OR PARENTAL STATUS, GENDER IDENTITY OR EXPRESSION, GENETIC INFORMATION, MARITAL STATUS, NATIONAL ORIGIN, POLITICAL BELIEFS, RACE, RELIGION, REPRISAL, SEX, SEXUAL ORIENTATION, VETERAN’S STATUS, OR BECAUSE ALL OR A PART OF AN INDIVIDUAL’S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM. OREGON STATE UNIVERSITY EXTENSION SERVICE IS AN AA/EDE/VETERANS/DISABLED.
2018-2019 4-H Enrollment Forms Enclosed

Wanted: 4-H Volunteers

The Lake County 4-H Program welcomes new volunteer 4-H leaders in all project areas year-round. However, at the beginning of every 4-H year we solicit key leaders for project areas that have a strong interest and currently no leader for that project area. If you would like more information on becoming a 4-H volunteer leader, please contact the Extension Office at 541-947-6054.