

2015 Santa Barbara County LEaD Conference

Leadership, Education and Development

~Be Yourself~

Dear 4-H Members and 4-H Adult Volunteers

It is time for the 2015 LEaD Conference. The conference will be held March 27-29, 2015, at Camp Ocean Pines, 1473 Randall Drive Cambria, CA 93428. Camp Ocean Pines sits on thirteen acres of Monterey Pine forest that overlooks the ocean shore.

Past year's conferences have continued to be successful, with teens attending from throughout Santa Barbara County. Friendships were made, fun happened, the sessions were great, and the Super Heroes Dance was the awesome. This year we are looking forward to making the best even better!

- The LEaD Conference is open to 4-H teens in 8th Grade/13 years or older.
- Attached you will find the LEaD Conference application.
- Each club will receive 3 stipends. If you are receiving 1 of the 3 LEaD stipends from your club, your cost will only be \$25 to register. Please mark it on the application and include the numbered voucher. The ***voucher and application*** must be ***postmarked by February 28, 2015*** to qualify.
- Weekend attendance is limited so register early!
- **Deadline for all regular registrations is March 10, 2015**

Mail all applications to:

**Linda Greco
LEaD Conference
4570 Eileen Lane
Santa Maria, Ca 93455**

Please include-

- Application
- Medical Release - Questionnaire Form
- Policies and Procedures/4-H Code of Conduct
- Parents' Consent Form
- All Medical Forms
- Stipend Voucher, if needed

If you have any questions please e-mail: Linda Greco FYREFLY9785@msn.com,

Sincerely,

The Santa Barbara County 4-H Youth Leadership Committee

2015 Santa Barbara County LEaD Conference
Leadership, Education and Development
Conference **DATES:** March 27 – 29, 2015
AGES: 8th Grade/13 years or older

What is a Stipend Voucher?

Each club is offered 3 free stipend vouchers to be used for the LEaD Conference. This allows the opportunity for **(2) 4-H teens** and **(1) 4-H Adult Volunteer** to attend the leadership conference for \$25 each. Each club leader will be given a set of vouchers, and the club will decide how they are used.

Once you have been identified as a recipient of the LEaD stipend voucher you will need to:

- Fill out the attached application
- Mark that you are receiving a voucher and its assigned number
- Include the voucher
- *****Mail your registration *Postmarked by February 28, 2015*, after this date your club's \$25 stipend is void.**

Please note: Because SBC 4-H is charged \$130 each for these stipend vouchers, a club will be charged if their members do not attend the conference. Recommendation: if a member is not able to attend, the club leader needs to contact Linda Greco immediately, so another qualified 4-H member from your club can be substituted in his or her place.

2015 Santa Barbara County LEaD Conference

Leadership, Education and Development

Application

Conference DATES: March 27-29, 2015
AGES: 8th Grade/13 years or older

Fees for 4-H Members or 4-H Adult Volunteers

Youth Member 13 years & up- \$150.00
Adult 4-H Volunteer- \$150.00, subject to availability

******Weekend attendance at the LEaD Conference is limited. Please register early**

Make checks to: Santa Barbara County 4-H Club Council

All Applications must be received by March 10, 2015, applicants using club stipends must mail in their applications by February 28th.

The conference will be held at Camp Ocean Pines, 1473 Randall Drive, Cambria, CA 93428. Camp Ocean Pines sits on thirteen acres of Monterey Pine forest that overlooks the ocean shore. Designed with renewable resources in mind, our passive solar cabins are a unique blend of wood milled from wind fallen trees and straw bale construction. These bunk-style cabins sleep 10 people to accommodate groups of 35-100 and include indoor restrooms and showers.

PLEASE PRINT

- 4-H Youth \$150 4-H Youth voucher # _____ + \$25 fee
 Adult 4-H Volunteer voucher # _____ + \$25 fee Adult 4-H Volunteer \$150, subject to availability

Delegate's Name _____ Age _____ Birth Date _____ Sex _____

4-H Club Name: _____ E-Mail Address: _____

Address _____ Home Phone () _____
City _____ Zip _____

Guardian's Name _____ Home Phone () _____

Year in 4-H _____

Diet Preference: Regular Diet Vegetarian Diet

Tee Shirt size (please circle size) Youth Sizes S (6-8) M (10-12) L (14-16)

Adult Sizes S M L XL 2XL 3XL

Send completed application to:

Linda Greco
LEaD Conference
4570 Eileen
Santa Maria, Ca 93455

Signatures Required:

4-H Member _____ Date _____ Parent/Guardian _____ Date _____

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/169224.pdf>)
Inquiries regarding ANR's nondiscrimination policies may be directed to Linda Marie Manton, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, One Shields Avenue, Davis, CA 95616, (530) 752-0495.

2015 Santa Barbara County LEaD Conference

Leadership, Education and Development

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Parents' Consent Form

(Must be read and signed by all parents of 4-H members and the members)

1. **DELEGATE'S PERSONAL PROPERTY:** Neither the 4-H Conference Staff or the Camp Facility shall be responsible for the loss or damage to the personal property of the Delegates. Delegates should not bring expensive property to the conference.
2. **NO ONE** is to leave the conference without the permission of the 4-H Conference Staff. Permission must be secured BEFORE leaving the Conference grounds.
3. I understand that medications are to be turned over to the 4-H Conference Medical Staff and not be kept by the delegates while attending the conference (unless prior arrangements have been authorized by the 4-H Conference Staff and 4-H Conference Medical Staff).
4. I am responsible for:
 - a) Working with conference staff to pick my child up as soon as feasibly possible in the event he or she is ill or dismissed from Conference.
 - b) Providing proof of authorization (driver's license, guardianship papers, etc.) to take custody of the child (this is to ensure the safety of the child as to who is picking him/her up).
 - c) Providing an emergency contact and phone number of someone who is responsible for the conference.

I have read 4-H Policies and Procedures/4-H Code of Conduct, 4-H Youth Treatment Authorization Form and I agree to be bound by the conditions of the agreement. I acknowledge that if I break one of these rules, I may be asked to leave the camp and I am responsible for transportation home and that the conference fee will be forfeited.

4-H MEMBER NAME: _____

4-H MEMBER SIGNATURE: _____ **DATE** _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE** _____

Youth Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

| | | |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Last Name | Club/Unit Name |
| <input type="text"/> | | From: July 1, 2014 to December 31, 2015 |
| County and State | | |

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

| | | | |
|---|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | | |
| Name | Relationship to Youth Identified Above | | |
| (<input type="text"/>) <input type="text"/> | (<input type="text"/>) <input type="text"/> | | |
| Emergency Day Phone (with area code) | Emergency Night Phone (with area code) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address | City | State | Zip |

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

| | |
|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature of Parent/Guardian | Date |

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

| | |
|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature of Parent/Guardian | Date |

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

First Name

Last Name

County

 / /

Date of Birth

| Subject to: | YES | No | Now Have or Have Had | Yes | No |
|-------------------------|-----|----|----------------------------|-----|----|
| Colds | | | Heart Trouble | | |
| Sore Throat | | | Asthma | | |
| Fainting Spells | | | Lung Trouble | | |
| Bronchitis | | | Sinus Trouble | | |
| Convulsions | | | Hernia (rupture) | | |
| Cramps | | | Appendicitis | | |
| Allergies | | | Has appendix been removed? | | |
| Wear corrective lenses? | | | Do you walk in your sleep? | | |
| Is hearing good? | | | | | |

Date of last Tetanus Vaccination:

Please check over-the-counter medications that may be administered:

- Tylenol
 Ibuprofen
 Cough Syrup
 Decongestant
 Dramamine
 Antacid
 Polysporin
 Hydrocortisone
 Other:

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
| | | |
| | | |
| | | |
| | | |

Please include any additional remarks and special instructions to better assist emergency service personnel. Please explain "yes" answers on this page.

Adult Volunteer Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

| | | |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Last Name | Club/Unit Name |
| <input type="text"/> | | From: July 1, 2014 to December 31, 2015 |
| County and State | | |

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

| | | | |
|---|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | | |
| Name | Relationship to Adult Identified Above | | |
| (<input type="text"/>) <input type="text"/> | (<input type="text"/>) <input type="text"/> | | |
| Emergency Day Phone (with area code) | Emergency Night Phone (with area code) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address | City | State | Zip |

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that I am in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

| | |
|-----------|----------------------|
| <hr/> | <input type="text"/> |
| Signature | Date |

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

| | |
|-----------|----------------------|
| <hr/> | <input type="text"/> |
| Signature | Date |

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

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(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

First Name

Last Name

County

Date of Birth

| Subject to: | YES | No | Now Have or Have Had | Yes | No |
|-------------------------|-----|----|----------------------------|-----|----|
| Colds | | | Heart Trouble | | |
| Sore Throat | | | Asthma | | |
| Fainting Spells | | | Lung Trouble | | |
| Bronchitis | | | Sinus Trouble | | |
| Convulsions | | | Hernia (rupture) | | |
| Cramps | | | Appendicitis | | |
| Allergies | | | Has appendix been removed? | | |
| Wear corrective lenses? | | | Do you walk in your sleep? | | |
| Is hearing good? | | | | | |

Date of last Tetanus Vaccination:

Please check over-the-counter medications that may be administered:

- Tylenol
 Ibuprofen
 Cough Syrup
 Decongestant
 Dramamine
 Antacid
 Polysporin
 Hydrocortisone
 Other:

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
| | | |
| | | |
| | | |
| | | |

Please include any additional remarks and special instructions to better assist emergency service personnel.
 Please explain "yes" answers on this page.

Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Wear appropriate clothes that are allowed by 4-H rules.
5. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
6. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
7. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
8. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
9. Follow the 4-H *Guidelines for Social Media* - <http://www.ucanr.edu/files/133821.docx>.
10. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.

While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Not be in the girls' sleeping area if I'm a boy, not be in the boys' sleeping area if I'm a girl, and not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

County: _____

Signature of Member: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

All 4-H adult volunteers are subject to all of the requirements of the 4-H Policy Handbook. As well, all 4-H adult volunteers are subject to all other applicable University of California (UC) policies, and to all other relevant laws and regulations. The following requirements are critically important and, as such, constitute the California 4-H Youth Development Program (YDP) Adult Volunteer Code of Conduct.

1. Respect all 4-H participants including youth members, adult volunteers, parents, guardians, other adult participants, 4-H YDP staff, and other UC personnel.
2. Comply with all requirements of the State 4-H Office, UC Cooperative Extension (UCCE) County Directors, 4-H YDP staff, and other UC personnel.
3. Recognize the responsibilities of the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel in setting program standards, priorities, and direction.
4. Support implementation of the 4-H YDP as administered by the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel.
5. Recognize, respect, and support 4-H adult volunteers in performing the duties and responsibilities afforded to them by virtue of their role.
6. Take personal responsibility for any interpersonal conflict that may arise, whether with parents, guardians, other participating adults, adult volunteers, 4-H YDP staff, and/or other UC personnel; thereby demonstrating positive conflict resolution skills for youth members.

PROHIBITED BEHAVIORS AND ACTIONS

The following behaviors and actions are prohibited for all 4-H adult volunteers when engaged in any 4-H activity. The UCCE County Director* may, if necessary in their sole judgment, immediately limit, suspend, or terminate the services of any 4-H adult volunteer that does not comply. In such instances, the decision of the UCCE County Director* is final.

1. Possession or use of alcohol, tobacco, smokeless tobacco products, e-cigarettes, unregulated nicotine products, illegal drugs and/or any other inappropriate materials. Participation while impaired in a manner that impedes the ability to perform the assigned volunteer duties.
2. Driving any 4-H participant in any vehicle without a valid driver's license and proof of automobile liability insurance; and/or failure to ensure that all passengers use seat belts.
3. Use of abusive, obscene, and/or discriminatory language.
4. Attack or harassment; whether verbal, physical, written, or by the use of social media.
5. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
6. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
7. Engagement in any other behavior that is illegal, unsafe, and/or does not support the 4-H mission.
8. Have private, one-on-one interactions with youth members, at *any time*, both during 4-H activities and outside of 4-H activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
9. Engage in a romantic relationship with a youth member at any time.
10. Engagement in any behavior that – in the sole judgment of the UCCE County Director* – negatively impacts the 4-H program. This specifically includes, but is not limited to, conducting oneself in a manner that is uncooperative, uncivil, disrespectful, unproductive, disruptive, and/or insubordinate; as well as conducting oneself in a manner that requires undue supervision by UC ANR, UCCE personnel and/or 4-H YDP staff, such that time and effort is absorbed by activities that do not benefit youth members.

I acknowledge that I have received, read, and will abide by the 4-H Adult Volunteer Code of Conduct. I understand that my appointment as a 4-H adult volunteer is contingent upon my compliance and that failure to comply may result in limitation, suspension, or termination of my service as a 4-H adult volunteer. I also understand that when functioning in the role as a parent, guardian, or adult participant I will abide by the Parent, Guardian, or Adult Participant Code of Conduct. (To obtain a copy go to <http://4h.ucanr.edu/files/4717.pdf> or contact your County 4-H Office.)

By my signature on the 4-H Adult Volunteer Application Form, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a 4-H Adult Volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a 4-H Adult Volunteer.

*When referring to multi-county (outside the authority of a single County Director), sectional, or state level this authority extends to the State 4-H YDP Director.

Photograph and Information Release

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature on the 4-H Adult Volunteer Application Form, I consent and agree to the foregoing terms and provisions.

2015 Santa Barbara County LEaD Conference

Leadership, Education and Development

~Be Yourself~

What to Pack for 4-H LEaD Conference

You will need to bring luggage that is manageable since you will be carrying your own bags to your cabin and space is limited! **Please bring warm clothing as the camp is located overlooking the ocean.** Label all your belongings with your name. Loose fitting clothes are most comfortable and since any camp has some dirt, older clothes are ideal!

- SLEEPING BAG AND PILLOW** Please note: This camp can get cool at night so you may want to bring an extra blanket. We will be sleeping in cabins without heat!!
- There will be a **Mix and Don't Match Themed Dance** on Saturday Eve, so bring something 4-H appropriate to wear.
- Pants & Shorts
- Sweatshirt
- Shirts
- Underclothing
- Socks (bring extra)
- Sleep Wear
- Dirty Clothes Bag
- Sturdy, thick soled shoes
- Shower Sandals (shower use only)
- Warm Jacket
- Extra Pair of Shoes
- Soap
- Shampoo
- Toothpaste
- Tooth Brush
- Bath Towel
- Sheet to cover bunk bed mattress
- Deodorant
- Sun Block
- Flashlight
- Camera (optional: disposable is ideal)

DRESS CODE

Proper dress is required at all times for all participants in the LEaD Conference.

Not permitted at conference: open-toed shoes (except sandals for showers) bikinis see-through tops, short-shorts, tank-tops, and or shirts with offensive language or graphic, and pants that don't stay up. All shirts **MUST** have sleeves with high neckline (like tee shirts).

DO NOT BRING

-Knives, Guns -Alcohol or Drug -Any "live" animals (*service animal "ok", please notify us prior to the event*)

Do not bring items that are valuable or irreplaceable. The Conference is an informal atmosphere, which does not lend itself to protection of valuable items. Members are **DISCOURAGED** from **BRINGING** items of expensive or great personal value to the Conference is a "dusty and rustic" atmosphere. Also please label medications; which will be given to the conference health staff.

LEaD Conference at a Glance

~Be Yourself~

| | |
|--------------------------|--|
| Friday- March 27, 2015 | |
| 6-8 p.m. | Registration |
| | Cabin Assignments |
| | Welcome Pack |
| 7-8 p.m. | Group Activity |
| 8:15 p.m. | Welcome |
| | Opening Ceremony |
| | Rules & Schedule |
| | Skits |
| 10+ p.m. | Cabins |
| | Cabin Meetings |
| Saturday- March 28, 2015 | |
| 8 a.m. | Breakfast |
| 9-10:00 a.m. | Session 1 |
| 10:15 a.m.-11:15 p.m. | Session 2 |
| 11:30-12:30 p.m. | Session 3 |
| 12:30 p.m. | Lunch |
| 1:15-2:15 p.m. | Session 4 |
| 2:30-3:30 p.m. | Session 5 |
| 3:30-4:00 p.m. | Free Time (30 minutes) |
| 4-5 p.m. | Session 6 |
| 5-6 p.m. | Session 7 |
| 6-6:45 p.m. | Dinner |
| 7-8 p.m. | Down Time (1 Hour) |
| 8-10+ p.m. | Dance, Stargazing, Games |
| To Follow | Retire to cabins |
| Sunday- March 29, 2015 | |
| 7-8 A.M. | Pack and Clean Cabins/ Cabin Check |
| 8 a.m. | Breakfast |
| 9-10 a.m. | Session 8 |
| 10:15- 11:15 a.m. | Hot Topic |
| 11:30- 12:30 p.m. | Closing- Activity/Performance/Fashion Show |
| 12:30- 1 p.m. | Lunch |
| To follow- | Dismissal |