

April 15, 2014

MEMO TO: District 3 County Extension Staff

Kelli Lehman

FROM: Kelli Lehman
Extension Program Specialist 4-H

SUBJECT: Teen Leadership Lab

District Teen Leadership Lab will be held June 16 -18, 2014 at the Texas 4-H Center in Brownwood.

PROGRAM – The theme this year is “Survivor – Using your Head to Survive.” There will be workshops and activities dealing with Leadership, Service Learning, 4-H Opportunities, Team Games, Team-Building, and of course DANCING!

COST – The cost will be **\$170 per 4-H member** and **\$120 for adult chaperones**. This includes three meals, two snacks, one night's lodging, limited accident insurance, a resource fee, facilities fee, program items, and a camp shirt.

GRANT OPPORTUNITY – The county with the most registrations will receive a \$100 Leadership Programming grant.

REGISTRATION – Registration will be open on 4-H Connect from April 15– May 15, 2014. There will be three registration options:

- Participant
- Officer Candidate
- Chaperone – CEA

All District 3 counties should have two youth register as a “voting delegate.” Please indicate this on your registration. Delegate roll will be called at the beginning of elections based on 4-H Connect registration. Please have delegates indicate this so your county has voting privileges. Counties will be encouraged to have a caucus after speeches and before elections to insure the voting delegates hear the wish of the people.

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Vernon, TX 76385-2159

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Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, religion, sex, national origin, age, disability, genetic information or veteran status.

The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

ARRIVAL – 1:00 pm to 2:30 pm on Monday, June 16th. Youth will need to eat lunch on your own prior to arriving at the Camp and Retreat Center. The lab will conclude on Wednesday, June 18, at approximately 8:30 pm. The early departure is to accommodate those headed to Vernon for the District 3 4-H Horse Show.

T-SHIRTS – T-shirts will be included as part of the registration fee. T-shirt sizes will be requested for all 4-H members, agents and chaperones when registering on 4-H Connect.

QUOTA – Counties can send as many youth to Lab as they wish. ***Remember, a grant will be awarded to the county with the most registrants.***

DRESS – Dress casual! Bring clothes and shoes for active sports, recreation and nightly dance. (No flip flops during dance.) Please counsel your 4-H members about bringing appropriate clothing and swimwear (Girls – no spaghetti strap tops, skimpy bikinis or tops, etc. Boys- no biking shorts, Speedos, etc.) ***There will not be a banquet.***

WHAT TO BRING - Linens (towels, pillow, pillowcases, and sheets for a twin size bed), blankets, toiletries, shower shoes, swim suit, beach towel, water shoes, sun screen, etc.

PAPERWORK TO BE TURNED IN AT REGISTRATION

- Code of Conduct / Consequences of Misbehavior*– **2 Copies**
- Waiver, Indemnification, and Medical Treatment Authorization Form*– **2 Copies**

*Youth will need to travel with the (2) two sets of documents to Teen Leader Lab. One (1) set of forms will be turned in at registration. The second set is for traveling home. District 3 will not return forms to youth / CEA when camp is over. If families previously completed the needed forms on their 4-H Connect profile, youth can print (2) copies to bring with them; one for travel and one to be turned in at camp registration.

DORMITORY ASSIGNMENTS – Youth from counties may be mixed in dorms. Counties may not all be together with specified chaperone so plan accordingly when packing, etc.

TRANSPORTATION – Each county will be responsible for arranging their transportation. Coordination between counties is highly encouraged.

PARTICIPANTS MUST BE:

- 13 years old or older as of August 31, 2013
- Enrolled in 4-H
- Interested in or involved in leadership roles
- Have a 4-H project
- Willing to take part in all phases of Teen Leadership Lab
- Willing to assume leadership rolls after they return home
- Willing to share experiences and material with others

CHAPERONES – Agents with assignments for Teen Leadership Lab will be expected to attend. Agent assignments will be sent at a later date. Texas 4-H requires the ratio of 1 chaperone per 8 youth. If your county group has male and female participants, you need to have a male and female agent assigned to them. Attached is a form for you to designate your male and female chaperones for your county youth.

OFFICER ELECTIONS – Applications and officer information can be found on 4-H Connect as well as in this packet. **Officer applications are due to the District Office on or before May 1st.**

Newly elected District 3 Council Delegates will be required to attend an officer retreat June 26-27, 2014. This officer training/retreat will allow newly elected officers time to get to know each other, and experience team building activities as well as other leadership components. We will also be getting a jump start on the 4-H planning year that newly elected officers will be responsible for. If running for an office, please understand that you are also committing to attending this retreat. There will be a cost of \$145.00 for the retreat that each officer will be responsible for paying. More details will follow once we have received your application on May 1, 2014.

NEW 2014 - We will hold a District 3 Mixer / Officer Candidate Meet and Greet on Wednesday during Roundup in College Station. Please plan on attending for dinner and to meet officer candidates. Contact your county office for more details and RSVP information.

District 3 TEEN LEADER LAB
ATTENDANCE ROSTER & CHAPERONE LIST
VOTING DELEGATE LIST
(Return to District Office by May 15th)

_____ COUNTY

Please list your 4-H's attending Teen Leader Lab and the agent(s) who will be chaperoning them.

MALE

CHAPERONE

FEMALE

CHAPERONE

VOTING DELEGATES

Please indicate the names of the two 4-H'ers from your
county that will serve as voting delegates.

Counties with District Council officers may include that 4-H'er plus two more delegates.

PARTICIPANT NAME _____

Texas 4-H Conference Center
RELEASE FORMS

CAMP AND ENRICHMENT PROGRAM
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **Texas 4-H Conference Center** (herein referred to as "camp"), which is sponsored by **Texas A&M AgriLife Extension Service, a member of The Texas A&M University System and its Texas 4-H and Youth Development Program**, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**, I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE, I am fully aware that there are inherent risks to my child, myself and others involved with participation in any and all activities at the Texas 4-H Conference Center, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES**.

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITIES for any costs incurred to treat me/my

child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself/my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

In case of emergency, contact: _____

at the following number: _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD.

Texas 4-H Conference Center
CONSENT TO PARTICIPATE – YOUTH PARTICIPANTS
Required by American Camp Association for Program Accreditation

I, or we, parent(s) or guardian(s) of a minor child named _____
do hereby give consent for said minor child to participate in all activities other than swimming, kayaking, sailing,
canoeing or Challenge Course activities scheduled as part of the Texas 4-H Conference Center program to be
conducted at the 4-H Conference Center, 5600 FM 3021, Brownwood, TX 76801; Phone (325) 784-5482. Activities
include riflery, archery, initiative games, crafts, and environmental education. Participants will be attending parties,
ceremonials, and other activities during their stay.

PLEASE CHECK AND INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:

Swimming, kayaking, canoeing and/or sailing activities: I/we do further give consent for said minor child to
participate in organized **swimming, kayaking, canoeing and/or sailing activities** conducted at the 4-H Conference
Center. I/we understand that said minor child shall be required to take an approved swimming skill level test and will
be assigned to that portion of the swimming area which is commensurate with his or her demonstrated swimming
ability. An approved swimming skill level test will also be required before said minor child can participate in
canoeing, kayaking or sailing program. Participants will be required to wear Personal Floatation Devices at all times
during participation in canoeing, kayaking and/or sailing activities.

_____ Yes _____ No

Challenge Course activities: I/we do further give consent for said minor child to participate in **organized activities
on the Texas 4-H Conference Center Challenge Course**. I/we understand that said minor child will be supervised
and instructed in these events by an individual who has been certified and trained to facilitate this level of
programming. All participants are provided instruction on the wearing and use of safety equipment prior to
participation.

_____ Yes _____ No

Media Release: In the event photographs, slides, or video tapes are made of said minor child, I/we consent to the
release of those photographs, slides or video tapes for use in promoting programs at the Texas 4-H Conference
Center.

_____ Yes _____ No

Field Trips: I/we do further give consent for said minor to **participate in scheduled field trips** during this program.
I/we understand that only approved adult volunteers and/or staff will transport said minor off the Texas 4-H
Conference Center grounds and will serve as a chaperone for the field trip.

_____ Yes _____ No

The following information is used upon departure of the said minor child from overnight activities held at the 4-H
Conference Center. This does NOT apply to school groups that participate in day activities ONLY.

**Further, I/We do hereby authorize the Texas 4-H
Conference Center to release said minor child to the
following person/people at the conclusion of the
activity: (please list all persons, including parents):**

**Further, I/We require that said minor child NOT be
released to the following person/people at the conclusion
of the activity:**

Signature of Parent or Guardian

Date

Texas 4-H Conference Center
HEALTH STATEMENT

Check one: ☐ Youth ☐ Adult County _____ Date _____

The proposed activity provided by the Texas 4-H Conference Center, requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other disease. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Section I. Participant Information

Name _____ Date of Birth _____ Age _____ Gender _____
Address _____ Name of Physician _____
City, State, Zip _____ Physician's Phone _____
Home Phone _____ Date of last physical exam _____

Section II. In the event of an Emergency, please contact:

Name _____ Home Phone _____
Address _____ Work Phone _____
City, State, Zip _____ Cell Phone _____

Section III. Health History (Check the appropriate answer and explain any YES responses.)

Have you had or do you currently have any heart problems (dates): _____

Do you frequently suffer from pains in your chest: _____

(NOTE: If you have any heart related problems you will need to have a physician's release.)

Do you often feel faint or have spells of severe dizziness: _____

Has a doctor ever told you that you might have high blood pressure: _____

Are you a smoker: _____

Do you have arthritis, joint, or back problems that can be aggravated by exercise: _____

Have you had any operations or serious injuries (dates): _____

Do you have any chronic recurring illness or communicable diseases: _____

Are there any activities to be limited/discouraged by a physician's advice: _____

Are you allergic to any medications, food or food ingredients, insects, or pollens: _____

Do you have Epilepsy: _____

Do you have Diabetes: _____

Do you have any prescribed meal plan or dietary restrictions (please describe) _____

Are all immunizations up-to-date: _____

Date of last Tetanus shot _____

Any other health related information for Center personnel to be aware of: _____

Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed medications currently being taken (please describe) _____

Please check "over the counter" medications which camp personnel may administer as necessary:

<input type="checkbox"/> Immodium	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Ibuprofen (Motrin)	<input type="checkbox"/> Acetaminophen (Tylenol)
<input type="checkbox"/> Neosporin	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Robitussin DM or CF	<input type="checkbox"/> Any as needed

Signature of Participant: _____ Date: _____

(Or guardian if participant is under the age of 18)

☐ Health screening performed
☐ Follow-up referred to: ☐ Dietary ☐ Camp Director ☐ Dorm Staff

Signature _____ Date _____