

# Prince William County 4-H Project Day for Kids

# Taking the Lead

Celebrating National 4-H Week October 3-9

Prince William County 4-H is where you will find young people taking the lead in addressing today's challenges.

4-H is where young people explore, learn and discover in a safe environment.

In 4-H, youth find their true passions, gain confidence and give back to their community.

Celebrate 4-H as youth step up and take responsibility for their futures – and ours.

**Jewelry Making!**

**Bike Rodeo!**

**Letterboxing  
Treasure Hunts!**

**Cupcake Art!**

**Legos!  
Make & Take!**

**Duct Tape Art!**

**And much more!**

Prince William County 4-H  
Project Day for Kids

Saturday, October 2, 2010

9:00 a.m. to 2:30 p.m.

Saunders Middle School

**Pre-Registration is Required!**





# 2010 4-H Project Day for Kids!

## Saturday October 2, 2010

Registration is required!

### Saunders Middle School

Check-in Time: 9:00—9:15 a.m.

Workshops Held: 9:15—2:30 p.m.

- Project Day is open to all youth ages 5-12.
- Teens 13-18 years old are needed as volunteers! Teen Volunteers please e-mail Mrs. Kuch at [lkuch@pwcgov.org](mailto:lkuch@pwcgov.org). A fun way to earn community service hours!
- Registration forms are due in the 4-H Office no later than Tuesday, September 28, 2010.
- There is a \$15.00 registration fee per participating child. Checks payable to "Prince William 4-H".
- A completed 4-H Health History form is attached and required for each child
- **PACK A BAG LUNCH!!**

Saunders Middle School: 13557 Spriggs Road, Manassas, VA 20112

**Directions from Bristow/Gainesville/Bristow/Manassas:**

Take Route 234 South to Spriggs Road, continue north on Spriggs Road, pass Minnieville Road and Hylton High School, Saunders Middle School will be on the right.

**Directions from Woodbridge/Lake Ridge:**

Take Minnieville Road to Spriggs Road, turn right. You will pass Hylton High School on the right, Saunders Middle School will be ¼ mile on the right.

**Directions from Dumfries/Quantico/Triangle:**

Take Route 234 North to Spriggs Road, continue north on Spriggs Road, pass Minnieville Road and Hylton High School, Saunders Middle School will be on the right.

**We are collecting items for the 4-H Community Service Donation Project!**

This year we will collect canned tuna and grocery bags for SERVE, Inc., a Manassas-based community organization. SERVE's programs include a shelter, a food distribution center, transitional housing, emergency assistance and life skills education for individuals and families in need in Western Prince William County and the cities of Manassas and Manassas Park.

Prince William County 4-H 703-792-6286

Email: [PWC4H@pwcgov.org](mailto:PWC4H@pwcgov.org) online: [www.pwcgov.org/vce/4h](http://www.pwcgov.org/vce/4h)

# 2010 Project Day Workshops

Registration is required!

<b>Junior Level classes for ages 9 to 12 (Pick your top 6 and you will attend 4)</b>		
1	<b>Art Makes Scents!</b>	Make scented play dough, bubble solutions and special bubble wands
2	<b>Legos!</b>	Make and Take a special Lego project home!
3	<b>Jewelry Making: Wire-wrapped pendant</b>	Make a piece of jewelry for yourself or make a gift for your mom! Use pliers, grips, wire and special beads to create a unique piece of jewelry!
4	<b>Quilling</b>	Create paper art by rolling colorful paper into unique and decorative designs. A must-do for crafters!
5	<b>Natural Beauty</b>	Make your own bath salts, oatmeal scrub and much more!
6	<b>4-H<sub>2</sub>O—National 4-H Science Project</b>	Let's due some experimenting! Conduct 3 experiments on water quality and climate change. <i>Parents: This class is aligned with the Science Standards of Learning and Fun!!</i>
7	<b>Duct Tape Roses</b>	Learn how to create colorful gifts and crafts using duct tape!
8	<b>Hemp &amp; Bead Bracelets</b>	Make an original art piece using hemp string and beads!
9	<b>Letterboxing</b>	Tried Geo-caching? Now take it to the next level with Letterboxing. It's a whole new kind of treasure hunt!
10	<b>Cupcake Art</b>	Have you ever wanted to learn how to decorate cupcakes for your birthday and parties? Learn some basic baking skills, tools, ingredients, and most importantly, make your own decorated cupcakes!
11	<b>The Money Game</b>	Calling all young entrepreneurs! Learn about saving and investing in this fun computer game!
12	<b>Bike Rodeo</b>	Bring your bike and helmet and get ready to have some fun! This class will teach you basic bike safety, let you decorate your bike and challenge yourself in a bike obstacle course!
<b>Cloverbud Classes— for ages 5 to 8 (All Cloverbuds attend these classes, but may choose between class 5 or 6)</b>		
		Learn about CYCLES!
1	<b>The insect life CYCLE</b>	Brought to you by an expert in the field!
2	<b>Water CYCLE</b>	Learn about the water cycle while creating a water character and acting the part!
3	<b>Rock CYCLE</b>	Learn about rocks, and make some of your own!
4	<b>Carbon CYCLE</b>	Conduct 3 science experiments in 4-H <sub>2</sub> O—The National 4-H Science Project, experimenting with water quality and climate change. <i>Parents: This class is aligned with the Science Standards of Learning and Fun!!</i>
5	<b>Chicken Life CYCLE</b>	<i>Learn about in EGG-citing egg and chicken!</i>
6	<b>Bi-CYCLE Rodeo</b>	Bring your bike and helmet and get ready to have some fun! This class will teach you basic bike safety, let you decorate your bike and challenge yourself in a bike obstacle course!



## 2010 4-H Project Day Registration Junior Program Ages 9-12



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Workshop Choices: Select six; you will receive four. (See attached workshop descriptions document)**

1st Choice \_\_\_\_\_

4th Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

5th Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

6th Choice \_\_\_\_\_



### Don't Forget to Pack a Lunch!

Mail in this registration form along with the enclosed payment and forms to:

- \$15.00 registration fee per child, checks payable to "Prince William 4-H"
- 4-H Health History form (see attached form)

**Prince William 4-H**

**Attn: 2008 Project Day**

**8033 Ashton Avenue Suite 105**

**Manassas, VA 20109**

**Deadline for registration is Tuesday, September 28, 2010.**



## 2010 4-H Project Day Registration Cloverbud Program Ages 5-8



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cloverbud Program: "CYCLES"**

Participants will rotate through five different hands-on experiences that will teach different kinds of environmental cycles. Choose the fifth class:  Chicken Cycle  Bi-CYCLE



### Don't Forget to Pack a Lunch!

Mail in this registration form along with the enclosed payment and forms to:

- \$15.00 registration fee per child, checks payable to "Prince William 4-H"
- 4-H Health History form (see attached form)

**Prince William 4-H**

**Attn: 2008 Project Day**

**8033 Ashton Avenue Suite 105**

**Manassas, VA 20109**

**Deadline for registration is Tuesday, September 28, 2010.**

Please complete the entire 2-page form and sign!

# Virginia Cooperative Extension

4-H Health History  
Report Form 

REVISED 2009

PUBLICATION 388-906

**INSTRUCTIONS:** Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. A parent or guardian must sign. If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: Prince William County Project Day

DATE(S) OF EVENT: 10/2/2010 LOCATION: Saunders Middle School, Manassas VA

### PARTICIPANT IDENTIFICATION

NAME: \_\_\_\_\_ FEMALE:  MALE:

MAILING ADDRESS: \_\_\_\_\_ PARTICIPANT CELL PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_

RACE: (Optional) WHITE  HISPANIC  BLACK  AMERICAN INDIAN  ASIAN  MULTICULTURAL

### PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

FATHER'S NAME (OR GUARDIAN): \_\_\_\_\_ FATHER'S EMAIL: \_\_\_\_\_

FATHER'S PHONE DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S NAME (OR GUARDIAN): \_\_\_\_\_ MOTHER'S EMAIL: \_\_\_\_\_

MOTHER'S PHONE DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? \_\_\_\_\_

ADDRESS, IF DIFFERENT THAN CHILD: \_\_\_\_\_

### PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_

DENTIST / ORTHODONTIST NAME: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?: YES  NO   
(Check  one)

CARRIER: \_\_\_\_\_

POLICY ID #: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?

LOCATION: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

2. IF YOU CANNOT BE REACHED, WHO SHOULD BE NOTIFIED?

NAME: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ (continued on back)

### 4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALs) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

YES  NO



Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University

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Remember to Complete the Next Page

**PARTICIPANT HEALTH AND MEDICAL HISTORY**  
(Questions 1-5 must be completed.)

**1. SPECIAL DIETARY NEEDS**

*INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.*

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

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**2. Has the participant ever experienced (or had special needs in) any of the following?**  
[Check (✓) all that apply]

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Bleeding disorders   | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts             |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Bed Wetting          | <input type="checkbox"/> Behavior                   |
| <input type="checkbox"/> Fainting spells  | <input type="checkbox"/> Non-food allergies   | <input type="checkbox"/> Other: _____               |

Please describe any condition or need that you checked:

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**3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?**

YES  NO If YES, please explain: \_\_\_\_\_

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**4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?**

YES  NO If YES, please explain: \_\_\_\_\_

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**5. What else should we know about your child?**

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

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**APPROVAL / EMERGENCY AUTHORIZATION**

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: \_\_\_\_\_

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SIGNED: X \_\_\_\_\_  
(Parent / Legal Guardian or participant over 18 years old)

Date: \_\_\_\_\_

*I understand and agree to abide with any restrictions placed on my activities according to this form.*

YOUTH PRINTED NAME: \_\_\_\_\_

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SIGNED: X \_\_\_\_\_  
(Participant under 18 years old)

Date: \_\_\_\_\_

**IMMUNIZATION HISTORY (This must be completed)**

Are your child's immunizations up to date?  YES  NO Date of most recent tetanus shot: (month/year) \_\_\_\_\_ / \_\_\_\_\_

**RELEASE AUTHORIZATION**

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_