2019 Wisconsin 4-H & Youth ConferenceExcused Absence/Early Departure Request

Every Wisconsin 4-H & Youth Conference participant is expected to remain on site until 11:00 a.m. Thurs., June 27 unless an Excused Absence/Early Departure Request form is submitted to the State 4-H Youth Development Office or Conference Headquarters. UW Conference Housing staff, 4-H Staff and Adult Advisors must be able to locate all registered participants in case of emergency.The following person is requesting to leave the conference site prior to the end of Wisconsin 4‑H & Youth Conference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will leave the conference site to go (print name of participant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(destination) (time) (day) (date)\_\_\_\_\_ S/he will return to the conference at \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (time) (day) (date)\_\_\_\_\_ S/he will not return to the conference. (Be sure to inform your Adult Advisor!)This participant should be released from the conference at the Conference Headquarters on the first floor of Sellery Hall, 821 W. Johnson Street, Madison to:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ (print name of person meeting participant at Headquarters) (relationship to participant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (participant signature) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent/guardian’s signature) (date)

Give to your Group Adult Advisor to turn in at registration.

To be completed at the time of departure from Conference:

Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Headquarters staff person’s signature) (time) (date)

Signature of person picking up the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



An EEO/AA employer, University of Wisconsin Extension provides equal opportunities in employment and programming, including Title IX, Title VI, and the Americans with Disabilities Act (ADA) requirements. If you need an interpreter, materials in alternate formats or other accommodations to access this program, activity or service, please contact the Amber Rehberg at 608-262-1557 as soon as possible preceding the scheduled event so that proper arrangements can be made in a timely fashion.





Have a

talent?

We need you to share with us!

What: 2019 Youth Conference Talent Show

When: Wednesday, June 26

Who: You!!!

How: Apply now!

All talents welcome!



Juggling

Comedy, skits, dance…

And much, much more!

Magic







## Wisconsin 4-H & Youth Conference

## 2019 Talent Show Application

Got a great act? We're seeking talent for the Wednesday evening Spotlight! assembly. Ideas might include playing an instrument, dancing, clowning, magic act, short skits, singing or other original clean fun.

You may submit one (1) act of no more than five (5) minutes in length. You may combine efforts with others if you wish. Submit your application on this form by May 1 or turn it in at conference Headquarters before 3:00 p.m. Monday, June 24.

Auditions will be held on-site on Monday, June 24 between 4:15-4:45 p.m. and Tuesday, June 25, between 3:30 p.m. and 4:45 p.m. in Room 29, Sellery Hall. Time constraints will limit the number of acts that may perform Wednesday evening.

**Conference staff will provide** microphones, a piano or keyboard, and a CD player but participants furnish their own props, other instruments, costumes and music. Please dub any musical number(s) you need onto a blank CD for the show and bring it to Conference. Sorry, the conference cannot provide a piano accompanist.

**Performers are responsible for supplying their materials** to the stage manager (or appropriate person) and for collecting those materials after their performance. University of Wisconsin and Madison Masonic Center Staff are not responsible for lost/stolen items.

County(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Act: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Length of act (no more than 5 minutes ) \_\_\_\_\_\_\_ minutes Number of performers: \_\_\_\_\_\_\_

Name(s) of Performer(s ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_ yes \_\_ no I (we) will need a CD player. \_\_ yes \_\_ no I (we) will need a piano or keyboard.

Briefly describe the act below.

PRE-REGISTRATION DUE MAY 1 TO:

Wisconsin 4-H Educational Programs, 436 Lowell Hall, 610 Langdon St, Madison WI 53703

or turn in your form at conference Headquarters before 3:00 p.m. Monday, June 24.





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Delegate’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUMMER 2019

 Last First

UNIVERSITY HEALTH SERVICES

Health Update Form

\*\*\*FOR EVENT/CAMP USE ONLY- TO BE COMPLETED 1-2 WEEKS BEFORE CAMP & PROVIDED AT CHECK-IN \*\*\*

1. Are there any changes in your child’s health since the medical forms were submitted?

No Yes

1. Has your child or anyone in your family been sick or exposed to any communicable disease in the past month?

No Yes

1. Does your child now have any rashes or open sores?

No Yes

1. Are there any changes in your child’s medications?

No Yes (If yes, please make changes and staff will sign)

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dose | Frequency  | Staff Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Does your child have any recent injury or activity restrictions?

No Yes

1. Will the custodial parent(s) or guardian be available at the number listed on the health form during the camping session?

No Yes

*If NO, list the name and phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the form.*

1. May camp health staff administer over-the-counter medications, as needed?

 No Yes

Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provided by: Parent/Student/Guardian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UHS Health Staff Signature Date:

*Parents:* please complete, sign, and send this Health Update Form with your son or daughter to Wisconsin 4-H & Youth Conference. Please wait to complete it until 1-2 weeks prior to conference.

*Youth Delegate:* please give this completed, signed Health Update Form to University Health Services (UHS) staff at Health Check upon arrival at the conference site.

WISCONSIN 4-H & YOUTH CONFERENCESTATE 4-H Communication Arts GROUP MEMBER REGISTRATION *worksheet*

State Arts Group participants, WLC, and their Adult Advisors must register for Youth Conference in WI 4HOnline.

The purpose of the State 4-H Group experience is for high school age youth to gain skills of leadership, decision making and problem solving through hands-on activities, workshops, large group seminars and youth networking time. Events will be held on the UW Madison Campus and other locations in southern Wisconsin between April 1 - August 16, 2019 including the planning event, Wisconsin 4-H & Youth Conference, and possible appearance at State or county fairs or other events. The ratio of adult to youth participants is 1:10. Adult Advisors are active 4-H volunteers that have completed the WI 4-H Youth Protection process. Participants will spend most of their time under the direct supervision of the Groups’ primary Directors and Adult Advisors.

For Wisconsin 4-H & Youth Conference, health staff consists of professional medical personnel from University Health Services (UHS). During the conference, participants will stay in dorm rooms with one or two same gender youth per room. Adult Directors and Advisors are located on each floor. Meals are served cafeteria style. The dorm style restrooms include private showers. Activities may include: contemporary, folk or square dancing, some daily walking (1-2 miles on even and uneven terrain), large group games and activities, including reading aloud, memorizing lines or choreography, public speaking, running, personal contact with other participants, possible lifting up to 50 lbs., operating electrical sound or light equipment, and performing skits, mini dramas, or dances. Arts and crafts activities include painting, drawing and working with other mixed media, and using art equipment such as hot glue guns, craft knives and other tools.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Youth \_\_\_\_ Adult Advisor \_\_\_\_ Director/Staff Advisor or Coordinator

State 4-H Youth Group \_\_\_\_ Art Team \_\_\_\_ Communications Team \_\_\_\_ Drama Company

 \_\_\_\_ Wisconsin Leadership Council \_\_\_\_ Volunteer Coordinator

 E-mail address that you check often\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_\_\_\_)

 Participant’s Cell (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ Will you accept minimal text messages related to this event? \_\_\_Yes \_\_\_No

 Grade\_\_\_ Age during conference \_\_\_ T-shirt: sm med lg xl xxl

Preferred roommate (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

 (If left blank, a roommate will be assigned by UW Housing; preference not guaranteed. Roommates cannot be changed after registration.)

Arrival at Conference: I plan to arrive at (time) \_\_\_\_\_\_\_\_\_\_\_ (day) \_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**Forms:**

Be sure to complete health and other forms as indicated in this handbook and referenced during registration at the 4HOnline website. NOTE: You will need to complete 2 health forms (one in 4HOnline for the April Planning Weekend; and one for University Health Services (UHS) for conference. The one for conference is completed through [www.campdoc.com](http://www.campdoc.com). More information can be found at: <http://www.uhs.wisc.edu/campus-health/youth-programs/>.)

**Youth, Adult Advisors and Directors**

\_\_\_\_ I will carpool with other State 4-H Youth Group members. \_\_\_\_ A parent/guardian will drop me off.\_\_\_\_ I must return home with my county delegation and I will advise the county Adult Advisor.\_\_\_\_ I am not able to carpool but must drive myself. I understand that, *as a State Group member,* I must obtain my own parking permit online at https://fyi.extension.wisc.edu/wi4hedopp/wi-4-h-yc-staffdelegation-coor-info/ **and submit it to Transportation Services** by May 1.

**Adults Advisors Only:**

I have completed my county’s Youth Protection program and am currently enrolled as an Adult Leader\_\_\_ yes \_\_\_ no

WLC & State Communication Arts Group Members:

Register for conference in your WI 4HOnline account between March 1-25, 2019