

2015 WAYNE COUNTY 4-H / FFA DairyPalooza Bus Trip Invitation

Dairy Youth and Families You're invited!

*The Wayne County Dairy Committee is headed to DairyPalooza Northeast on **Saturday, May 2nd**. DairyPalooza is the state's largest educational dairy event, and will be held at the Trumbull County Fairgrounds in Cortland, Ohio this year. The event includes state-certified Quality Assurance in the morning (that's right – if you attend DairyPalooza, you'll be exempt from Quality Assurance at Skillathon!) and numerous educational sessions in the afternoon, ranging from fitting and showmanship to reproduction and dairy foods.*

Normally, DairyPalooza is \$6 per participant, but if you go through the Dairy Committee trip, your fees will be paid. Lunch will be provided, and all attendees will receive DairyPalooza t-shirts, freebies, and educational resource packets as part of your registration.

We will leave at 7 a.m. on May 2nd from the Wayne County Fairgrounds. Please meet at the Vanover street entrance. On the ride to DairyPalooza, we will have games and activities (with prizes!) to keep participants awake and engaged. On the way home from DairyPalooza, we will have a tour or activity (to be determined).

Your registration for the Dairy Committee trip and for DairyPalooza needs to be received by March 5, 2015, in order to meet the pre-registration deadline for DairyPalooza once we receive, compile, and send all registrations. You will also need both the Dairy Palooza Registration Form and Emergency Medical Form (both included) completed and turned in with your registration, as per Extension requirements.

*If you have any questions, please contact Lisa Gress at 330-567-3417 or at randroliver@aol.com. **All registrations need to be returned to the Extension office by March 5, 2015.***

We hope to see you at DairyPalooza!

Sincerely,

The Wayne County 4-H and FFA Dairy Committee



2015 4-H and FFA Dairy Trip Registration Form
(Please print clearly)
Due March 5, 2015

Name _____ Age _____

Street Address _____

City, State, Zip _____

Phone Number _____

Emergency Contact Name & Phone Number _____

4-H Club or FFA Chapter _____

Please return this registration, along with DairyPalooza registration and Emergency Medical Form, to:
Wayne County Extension Office
428 W. Liberty Street
Wooster, Ohio 44691

2015 DairyPalooza Northeast Registration

May 2, 2015 Trumbull County Fairgrounds Cortland, Ohio

All youth and adults planning to attend must register for DairyPalooza.

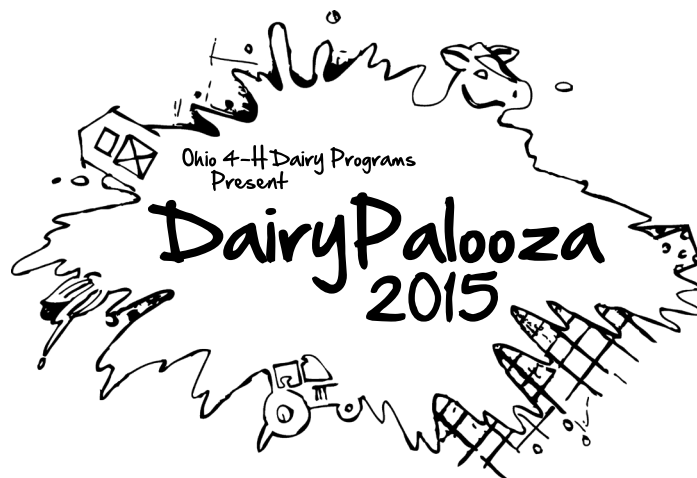
Pre-registration sheets and fees of \$6 per person must be postmarked by April 10. Registrations sent in after April 10 will be considered late, and registration fees will increase to \$10 per person. Those who do not pre-register are more than welcome to join us, although it is not guaranteed materials will be available. Walk-in registrations will pay the \$10 late registration fee and will not receive t-shirts.

One DairyPalooza shirt is included with each pre-registration fee. Late registration fees do not include DairyPalooza shirts. Late registration and extra shirts are available for \$6 each – complete “Additional T-Shirts” on the last page, and include necessary fees, to order more t-shirts. Exceptionally late t-shirt orders may not be able to be filled.

This year, all DairyPalooza attendees will be required to register in order to attend. Upon check-in at the fairgrounds, all registered participants will receive lunch tickets, which will be turned in when getting their lunch. Those in attendance who do not have tickets can register on-site and receive a lunch ticket for the late registration cost of \$10.

Both pre-registrations and payments must be received by the April 10 deadline to be officially pre-registered. Emailed registrations received after April 10 will be considered late, and late registration fees will apply. Additionally, exceptionally late mailed registrations may not be listed at the registration table, and you may be required to hand-write a registration form.

Copy page 2 as necessary to register participants for the 2015 DairyPalooza Northeast.
Include all copies of page 2 and page 3 in your mailed registration.



2015 DairyPalooza Northeast Registration

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

Check One: Pre-Registration [] Late Registration []

Check One: Cloverbud [] Junior [] Intermediate [] Senior [] Adult []

Name: _____ Age as of January 1 (Youth Only): _____

Phone Number: (_____) _____ 4-H County: _____

Street Address: _____

Email Address (required): _____

T-Shirt Size Requested (*Pre-registrations only, check one*)

Youth Sizes: Extra Small [] Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large [] XL [] 2XL []

2015 DairyPalooza Northeast Registration

Additional T-Shirts

Complete this section for late registration or extra t-shirts. Write the desired number of shirts in each blank and write in the total on the appropriate line in the next portion.

Youth	_____	Extra Small	Adult	_____	Small
	_____	Small		_____	Medium
	_____	Medium		_____	Large
	_____	Large		_____	XL
				_____	2XL

Registration and T-Shirt Fees

Number of Pre-Registered Participants: _____ @ \$6/person = _____

Number of Late-Registered Participants: _____ @ \$10/person = _____

Number of Additional T-Shirts: _____ @ \$6/shirt = _____

Please make checks payable to 2015 DairyPalooza. Total Fees: _____

Return registration form and fees to:
Department of Animal Sciences
Attn: Bonnie Ayars
2029 Fyffe Court
Columbus, OH 43210

OHIO 4-H PARTICIPANT/MEMBER HEALTH HISTORY

This form must be completed for each participant by the parents/guardians of minors. This information will be kept confidential and used only for the welfare of the participant.

Event: _____ Date of Event: _____

Location of Event: _____

[] FEMALE [] MALE AGE _____ DATE OF BIRTH _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE (Home) _____ PARENT/ GUARDIAN'S WORK PHONE _____

CELL PHONE _____

IN CASE OF EMERGENCY, CONTACT:

PARENT/GUARDIAN'S NAME _____ PHONE _____

OTHER PERSON _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

INSTRUCTIONS FOR MEDICATIONS

1. All prescription drugs MUST be carried in the container in which they were issued (with medical orders and physician's name intact), and give to the nurse/health director. Others will not be accepted.
2. If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse/health director or a responsible adult during the 4-H event.

Check medications below that participant may receive if deemed necessary:

<input type="checkbox"/> Nonaspirin pain medication	<input type="checkbox"/> Acetaminophen/Tylenol	<input type="checkbox"/> Laxatives
<input type="checkbox"/> Antacids	<input type="checkbox"/> Antiseptics	<input type="checkbox"/> Diarrhea Medication
<input type="checkbox"/> Coriciden D	<input type="checkbox"/> Robitussin Cough Syrup	<input type="checkbox"/> Adrenalin

List approximate date if participant has had or been exposed to:

Chicken Pox	Tuberculosis	Measles
Mumps	Whooping Cough	Scarlet Fever
Tetanus Immunization	Date of last booster	
Date of last menstrual period	Operations or serious injuries requiring medical treatment (specify):	

Check below if participant is subject to:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Frequent Colds
<input type="checkbox"/> Constipation	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Epileptic Seizures	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Cramps	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Asthma Controlled (yes _____ or no _____)	

Other: Please specify _____

Check if participant is allergic to:

Foods (Specify) _____

Medications, Prescription or Non-Prescription Drugs (Specify) _____

Serious Ivy, Oak, or Sumac Poisoning _____

Bee or Insect Stings _____ Prescribed Treatment _____

OTHER _____

OVER --->

LIST ALL OTHER CONDITIONS (Contact Lenses, Braces, etc.) and associated restrictions in activities:

Conditions: _____

Medications: _____

Specify any restrictions in activities: _____

IMMUNIZATION RECORD

Please record the date (Month & Year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunizations	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) DPT Tetanus OR	1 2 3	1 2
Tetanus TD Diphtheria OR		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-Day Measles)		
Other		
Tuberculin Test Given _____ (Most Recent)		
Hemophilus Influenza b (HIB)		

PARENT/GUARDIAN MEDICAL RELEASE

_____ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand that the 4-H staff and volunteers, Ohio State University Extension, and The Ohio State University are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness, I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant as named above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The 4-H event's nurse/health director has my permission to administer the prescription medications and/or over-the-counter medications.

Signature _____

Parent/Guardian

Date

**Waiver and Permission to Transport Child/Charge
Ohio State University Extension**

Child/Charge: _____

Event: _____ **Date:** _____

Location: _____

Driver: _____

I give permission for my child/charge (“child”) to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____