March 1, 2012

TO: Mecklenburg 4-H Teens

FROM: Robert B. Furr
Extension Agent
4-H Youth Development

SUBJECT: 2012 NC 4-H Teen Congress

This is the registration packet for the 2011 4-H Teen Congress that will be held July 16-19, 2012 on the campus of NC State University.

The major purposes of N.C. 4-H Congress are:

- To perpetuate the reputation of 4-H as a major statewide educational program.
- To improve delegates’ knowledge of current issues through educational experiences.
- To provide an opportunity to develop and exercise leadership skills.
- To provide an opportunity for delegates to participate in the democratic process.
- To provide recreational and social experiences for delegates.
- To select winners in presentations and certain activities through state contests.
- To provide recognition for project, activity, and scholarship winners.

Age: Delegates to the North Carolina 4-H Congress must be at least 13 years of age.

Housing: County delegations will be housed in NC State University dormitories with adult chaperones in every level. The dormitories are air-conditioned, and organized by suites of 4-6 rooms of two occupants each. Males and females are housed in separate suites, although on the same floor.

Transportation: Transportation will be provided to and from the 4-H Office (1418 Armory Drive), and to all activities during NC 4-H Congress.

Meals: Delegates will eat in the University Dining Hall or other planned meal locations. All meals included in this year’s registration fee: Monday dinner; Tuesday breakfast and lunch; Wednesday breakfast and dinner; and Thursday breakfast and lunch. Delegates should plan to bring spending money for THREE fast food meals (lunch Monday, dinner Tuesday, lunch Wednesday.

To attend as a Mecklenburg County 4-H delegate, the enclosed forms must be received in my office on or before June 22, 2012. The cost for enrolled Mecklenburg 4-H’ers is $175. We will only take TEN (10) participants this year. Registration is on a first-come/first-serve basis.

Please complete and return all the attached forms (excluding any already submitted).

A required 4-H Congress orientation is scheduled for Thursday, July 5 at 6:30 p.m. at the 4-H Office (1418 Armory Drive, Charlotte NC 28204).

If you have any questions, please call me at 704-336-4015. I look forward to chaperoning an exiting and energetic Mecklenburg delegation again this summer.

Employment and program opportunities are offered to all people regardless of race, color, national origin, sex, age, or disability.
North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.
MECKLENBURG COUNTY 4-H
2012 North Carolina 4-H Congress
Registration Form

REGISTRATION DEADLINE: JUNE 22, 2012

Participant’s Name: ___________________________________________________________

Address ____________________________________________________________________

City: ___________________________  State: _________  Zip ______________________

Telephone: ________________________  Email _________________________________

Age as of January 1, 2012: ______________  Date of Birth: __________________________

T-Shirt Size (adult sizes):  ___Small   ____Medium  ____Large  ____X-Large  ____XX-Large

Dietary Restrictions:  _________________________________________________________

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Name ______________________________________________________________

Daytime Phone _____________________  Evening Phone _____________________

ENCLOSED:

☐ $175.00 payable to: Mecklenburg County 4-H
☐ Registration Form
☐ Signed and Notarized Medical Form (if you have NOT turned one in for 2012)
☐ Signed Photo Release
☐ Signed Informed Consent Form

RETURN TO:  Mecklenburg County 4-H Youth Development
Attn:  4-H Congress Registration
1418 Armory Drive
Charlotte, NC  28204

Questions? Contact Robbie at 704-336-2082 or robbie_furr@ncsu.edu.
4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION
FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc: _________________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:
_________________________________________________________________

List special dietary needs: _______________________________________________________________________

Medications currently being taken (name of medication, dose, and frequency):____________________________________________________

Family Physician: Name ___________________________________ Phone # (____) ____________

Address________________________________________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ______________________________________________________________
Health Insurance Policy # ______________________________________________________________
Company Address _______________________________________________________________________
Phone Company Telephone Number (____)___________________________________________

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact _________ [name, office] at _________ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least _________ [hours/days] prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature _____________________________ Date:______________

Participant's Signature: ____________________________________________ Date: ______________

Parent/Guardian telephone #: Home _______________________ Work ________________________

Must be completed each year by 4-H’er and Parent/Guardian. If health history changes within that year, it is the 4-H’er & Parent/Guardian’s responsibility for updating information.

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Approved 3/02/06
IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified healthcare provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _______________________________________, of ________________________ County, am the custodial parent having legal custody of ________________________, a minor child, age ________, born __________________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the ________________________ 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature_______________________________________Date_______

STATE OF NORTH CAROLINA
COUNTY OF _________________________

On this _________ day of ________________, 20___, personally appeared before me the said named, _______________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires ________________________________________, 20_____.

_________________________ Notary Public

(OFFICIAL SEAL)

Must be completed each year by 4-H'er and Parent/Guardian. If health history changes within that year, it is the 4-H'er & Parent/Guardian’s responsibility for updating information.
North Carolina State University
INFORMED CONSENT FOR 4-H RESEARCH--PARENT AND YOUTH
This form is valid from January 13, 2012 to January 13, 2013

YOUR INVITATION TO PARTNER WITH 4-H ON RESEARCH "TO MAKE THE BEST BETTER"

As a 4-H member, a child or youth can be part of ongoing research on the benefits of youth programs. 4-H is required to report short- and long-term outcomes of youth programs as part of its accountability to federal, state, and local funding agencies. In addition, feedback from youth and the adults also helps 4-H leaders improve programs and create new learning opportunities. With the consent of both you and your child, you or your child will complete one or more assessments related to learning in a 4-H program and evaluation of the 4-H program. Evaluation activities will always be conducted within the guidelines of the NC 4-H Code of Ethics and North Carolina State University Human Subjects Research guidelines.

BACKGROUND INFORMATION

Projects and Procedures. 4-H evaluation activities may use questionnaires, tests, checklists, journals, observations, audio or videotaping, judging of written or oral performances, interviews, and focus groups. Typically, assessments are given before and after a learning event or extended program by trained adult leaders. Your child may also be randomly selected to participate in discussion groups, case studies, or extended interviews designed to give 4-H leaders more in-depth understanding of specific programs. As appropriate, parents, youth leaders, and teachers will be asked to make observations about a child’s interaction and achievement in 4-H activities. We make every effort to avoid a “testing” environment. Our goal in 4-H is that evaluation strengthens relationships, promotes learning, and helps 4-H volunteers and professionals build better programs for your youth.

Risks and Benefits. Participation is voluntary. If either you or your child decline to provide consent to participate in any of the above activities (as indicated by not signing this form), such a decision will in no way affect your child’s ability to register for and participate in the program. Also, youth may quit an assessment at any time and this will not affect their participation in current or future 4-H activities. Participating in evaluation often helps youth reflect on learning and contribute to improving 4-H programs for themselves and others. There is no known risk in participating in 4-H evaluation activities.

Confidentiality. Research data will be kept strictly confidential and maintained in a secure location. Youth names may be requested on assessments that involve comparisons (e.g., knowledge before and after events, child and parent attitudes). Once data is recorded, names will be removed, replaced by a 4-H ID number (not the Social Security or Drivers License number), and retained only on a master list. Written or oral evaluation reports will not include names or information that might identify specific participants.

Compensation. No compensation is provided for your participation in this discussion group.

CONTACT: If you have questions at any time about the study or the procedures, you may contact Dr. Ben Silliman at 512 Brickhaven Road, NCSU or (919) 515-8485. If you or your child feels he/she have not been treated according to the descriptions in this form, or his/her rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-5414).

PARTICIPATION. You (your child’s) participation in this study is voluntary; you or your child may decline to participate without loss of benefits to which he/she is otherwise entitled. If you (your child) withdraw from the study before data collection is completed, your (your child’s) data will be returned to you or destroyed.

CONSENT. I have read and understand the above information. I have received a copy of this form. I agree to participate (to allow my child to participate) in this study.

Parent signature _______________________________________ Date _________________
Youth signature (print and initial) _________________________ Date _________________
Investigator's signature__________________________________ Date _________________
North Carolina 4-H and Mecklenburg County 4-H
Photographic, Video, and Audio
Optional Publicity Release

I do _______ or do NOT _______ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and Mecklenburg County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): ____________________________________________
Participant Signature:____________________________ Date:____________________

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: ______________________________________________
Parent/Guardian name (please print): _________________________________________
Signature: ______________________________________ Date: ___________________
Please make copies and give this section to all delegates attending Congress.

**DRESS CODE**

*For males and females*

The dress code is designed to assure that each delegate brings the appropriate attire resembling a school and community expectation.

4-H’ers are expected to adhere to standards of dress and appearance that are compatible with an effective learning environment. Presenting a bodily appearance or wearing clothing which is disruptive, provocative, revealing, profane, vulgar, offensive or obscene, or which endangers the health and safety of the youth or others is prohibited.

**Examples of prohibited dress or appearance include but are not limited to:**
- exposed undergarments
- sagging pants
- excessively short or tight garments
- bare midriff shirts
- strapless shirts
- attire with messages or illustrations that are lewd, indecent, or vulgar or that advertise any product or service not permitted by law to minors
- head covering of any kind inside except special circumstances (please see a state staff member)
- see-through clothing
- attire that encourages indecent exposure
- any adornment such as chains or spikes that reasonably could be perceived as or used as a weapon
- and any symbols, styles or attire frequently associated with intimidation.

**Items that are not appropriate at 4-H Congress:**
- Tube tops, halter tops, one-shoulder tops, strapless tops, casual tops with spaghetti straps, dresses/ tops/ pants/ skirts that expose midriff, navel, back or cleavage. (Congress clothing must conform to dress code.) However, see special note on semi-formal wear.
- See-through or muscle shirts.
- Clothing that advertises alcoholic beverages, tobacco products, or drugs.
- Clothing that has vulgar, obscene or offensive messages or images.
- Cut-offs, ripped jeans or other clothing with holes.
Additional Appearance Guidelines for Congress Events

- General appearance should be neat and clean.
- A State Staff member, 4-H Agent or other 4-H Volunteer may ask any individual to modify their clothing selection if standards of decency in appearance are not met.
- Hats and caps should not be worn during any Congress activity with the exception of Hands To Service. This applies to both girls and guys.
- Pajamas, sleepwear or outfits with visible undergarments are not appropriate dress for any Congress activity or outside sleeping rooms.
- Dress and appearance should not present health or safety hazards or cause disruption.
- Bare feet are not appropriate for any Congress activity. Conventional shoes or sandals are required. No open toe shoes are allowed for Hands To Service! **Those who wear open toe shoes for Hands to Service will not be allowed to participate.**

For other examples of WHAT NOT TO WEAR, refer to the diagram below, created by California 4-H Alum, Cindy Sperry.
NC 4-H Congress Check List

DEPART:  4-H Office at 8:00 a.m. SHARP! Be here no later than 7:45.

RETURN:  4-H Office at 5:00 p.m. - Thursday.

Mecklenburg County 4-H Contact:  Robert Furr  
Office: 704-336-4015  
Cell: 704-200-5119

MONEY

____ You will be responsible for THREE fast food meals (2 lunch, 1 dinner).

LINENS

____ Twin bed sheets or sleeping bag
____ Pillow
____ Light blanket

TOILETRIES

____ Towels and Washcloths
____ Soap
____ Toothbrush & toothpaste
____ Shampoo

CLOTHES

____ Whatever you sleep in
____ Tuesday – Casual during the day; corporate attire during the evening
____ Wednesday – Casual – closed toed shoes during the day. Business Attire to Formal during the evening.
____ Thursday – Casual
OTHER ITEMS TO CONSIDER

- Alarm Clock – or device to wake you up in the morning.
- Medications – you will be responsible for your own medication throughout the week.
- Camera (batteries, film and/or memory card)
- Radio / MP3 Player / IPod for room and van ride.

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<tr>
<th></th>
<th>CASUAL</th>
<th>CORPORATE ATTIRE</th>
<th>BUSINESS ATTIRE</th>
<th>SEMI-FORMAL</th>
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<tbody>
<tr>
<td>FOR GUYS</td>
<td>Jeans, khakis, t-shirts, tennis shoes. DOES NOT include cut offs or worn jeans with holes.</td>
<td>Khakis, dress pants, button-up, collard shirts, tie preferred. No denim, cargo, shorts, athletic.</td>
<td>Dress slacks. Collard shirt and tie REQUIRED, jacket or sweater, No athletic shoes.</td>
<td>Suit, Tuxedo, tie, dress shoes.</td>
</tr>
<tr>
<td>FOR GIRLS</td>
<td>Same as for guys.</td>
<td>Nice blouse, dress pants or skirt; pantsuit, dress No denim, cargo, shorts, athletic</td>
<td>Dresses, suits with skirt or dress slacks, blouse, leather shoes. No denim or athletic clothing/shoes.</td>
<td>Party dresses, suit appropriate for prom. Dress or blouse w/straps smaller than 3 inches must have a cover-up.</td>
</tr>
</tbody>
</table>

REFER TO DRESS CODE HANDOUT FOR CLOTHING THAT IS NOT ALLOWED AT NC 4-H CONGRESS.