



4-H Citizenship Washington Focus, June 22-29, 2019

4-H Citizenship Washington Focus participants learn about our nation's government by participating in hands-on leadership workshops and touring of historical sites in Washington, D.C. 2019 4-H Citizenship Washington Focus is scheduled for June 22-29. Michigan CWF Participants will travel by charter bus to Washington D.C. stopping overnight in Gettysburg, PA. While in Gettysburg, youth will visit the Gettysburg National Military Park Museum, travel the battlefields with a licensed tour guide and see the Gettysburg Cyclorama Map of the Civil War.

4-H CWF groups stay at the National 4-H Center just outside Washington D.C. and travel to all of the sites of the area including Mount Vernon, Arlington National Cemetery, U.S. Capitol, Iwo Jima Memorial, National Cathedral and the Holocaust Museum. Participants will also visit the Smithsonian Museums, Toby's Dinner Theatre performance of Grease and the Armed Forces music program, Twilight Tattoo. Participants will tour the Capitol and meet with legislators and visit hearings on Capitol Hill Day.

4-H CWF participants join committees such as legislative and communications to help conduct the program. Participants also attend leadership workshops and working as a group to write and pass bills.

Attendance at CWF is limited to 45 participants. Please contact your local MSU Extension Office if you are interested in attending the program. The cost of the 2019 4-H CWF program is \$1,500.00 which includes all meals (except 7 meals in transit), lodging and transportation. Visit the CWF website to register.

2019 4-H CWF Payment Schedule

Check with your county MSU Extension Office for scholarship opportunities before completing the registration. Payments must be made with a credit card. If a credit card payment is not possible, please contact Connie Lange for alternative payment options.

- Jan. 7, 2019: All online registrations with a \$500 deposit are due. All deposits must be accompanied by the following information: Name of participant, amount paid and county of 4-H participation.
- Feb. 1, 2019: Additional \$500 of payment is due. Cancellations received after Feb. 1, 2019 will not be refunded. 4-H CWF Form packet is due to Connie Lange, MSU Extension Branch County, 570 Marshall Road, Coldwater, MI 49036. A head and shoulders (school) picture should be emailed to Connie Lange at langec@msu.edu. All deposits must be accompanied by the following information: Name of participant, amount paid and county of 4-H participation.
- March 15, 2019: Final \$500 final payment and Citizenship Washington Focus Forms are due. All deposits must be accompanied by the following information: Name of participant, amount paid and county of 4-H participation
For program information contact Connie Lange at langec@msu.edu at the Branch County MSU Extension Office, 517-279-4311.

Staff: Staff should reserve space by emailing Connie Lange, langec@msu.edu. 2019 CWF Payments must include: 4-H CWF, name of participants and amount for each participant and county name. The CWF account number is DN100031 subaccount 6875. Send payment and information to:

MSU ANR Event Services / CWF 2019
Justin S. Morrill Hall of Agriculture
446 W. Circle Drive, Room 11
East Lansing, MI 48824

4-H Citizenship Washington Focus Participation Agreement

I, _____, have read and understand the basic rules for participation in the CITIZENSHIP WASHINGTON FOCUS PROGRAM and agree to:

- Participate fully in all scheduled CWF activities.
- Be responsible for my own behavior and uphold high standards for the group.
- Abide by the Code of Conduct rules and responsibilities.
- Abide by the program's Dress Code.
- Leave The National 4-H Center facility in the same condition that I found it when I arrived.
- Support and abide by the Group Coordinator's and Adult Advisors' leadership of my delegation.
- Cooperate with National 4-H Center and CWF Program Staff.
- NOT use alcoholic beverages, illegal drugs, tobacco products, or fireworks while participating in the CWF Program.

Delegate's Signature

Date

Concurrence by Parent or Guardian:

I understand the above agreement and will support my son/daughter, the CWF staff, and Adult Advisors in adhering to the CWF Code of Conduct and Dress Code. **In the event that my son/daughter has to be sent home for illness or does not follow the policies, I understand the following:**

- I will be contacted by the Michigan 4-H Youth Development site coordinator that my child is being sent home.
- I am responsible for the travel costs including airfare and ground transportation from National 4-H Council and the airport.
- It is my responsibility to make travel arrangements and communicate those arrangements with the Michigan 4-H Youth Development site coordinator or their designee.
- The Michigan 4-H Youth Development site coordinator or their designee will deliver the child directly to the gate of the departing flight.
- Michigan State University Extension, 4-H Youth Development will have no liability for anything that occurs after that time.

Parent/Guardian's Signature

Date

MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status, or veteran status.



Media and Information Release

Participant Name: _____ **County:** _____

I give to the National 4-H Youth Conference Center and National 4-H Council, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Participant's Signature: _____ **Date:** _____

Consent of parent or legal guardian if above individual is a minor:

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Name: _____ **Relationship:** _____

Parent/Guardian's Signature: _____ **Date:** _____



Code of Conduct

Participant Name: _____

I hereby agree to attend Citizenship Washington Focus, participate fully in all sessions and abide by the established rules.

Specific rules include, but may not necessarily be limited to the following:

- Quiet is to be observed in sleeping room areas after specified times each night. All participants are to be in their own rooms at such time. During other hours, boys and girls may not be in the same sleeping room.
- The use of alcohol, tobacco, or illegal drugs is not permitted.
- All participants shall show respect for the property and facilities used during this event and assume financial responsibility for any damages they cause.
- All participants are responsible for attending all scheduled activities during the event. Any unauthorized absence is not permitted.
- All participants should have respect and courtesy for programs and speakers in progress by remaining for the entire program and show courtesy when taking flash photos during speeches and entertainment.

If I break this agreement or my conduct is not satisfactory to the conference center staff, I understand that I can be sent home early and will be responsible for paying any costs incurred for this transportation. I also may be asked to return all funds expended on my behalf for my involvement in this event. I understand that I may not be eligible to participate in future activities of this sort, either at the national, state, or local level.

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Health Information and Consent for Emergency Treatment Form

**Participant**

Last Name: _____ First Name: _____ County: _____

Emergency Contact Information (include parent or guardian):**Contact #:**

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Contact #2:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency, I (We) hereby authorize designated representatives of the Citizenship Washington Focus program to consent on my behalf to medical treatment and/or hospital care as advised and deemed necessary by emergency medical staff, physicians or surgeons. I (We) also understand that all financial obligations incurred, if not covered by insurance, will be my responsibility.

Additionally, I (We) have also read and noted that in case of emergency while attending Citizenship Washington Focus, participants may be contacted as follows:

Delegate's Name

CWF Week 4/Michigan Delegation

c/o National 4-H Youth Conference Center

7100 Connecticut Avenue

Chevy Chase, MD 20815

Phone: (301) 961-2801.

I (We) agree that this participant can safely attend Citizenship Washington Focus.

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Participant Name: _____ **County** _____

Date of last flu shot: _____ **Date of last tetanus booster:** _____

Please indicate “yes” or “no” for each of the following. If “yes” enter details indicating diagnosis, date of illness, name of hospital, length of hospitalization, name of doctor, and any other pertinent information.

| | Yes | No |
|--|--------------------------|--------------------------|
| Nervous or Psychological Problems such as epilepsy, emotional stress, convulsions, loss of consciousness, dizziness, paralysis, frequent anxiety, excessive crying. Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Lung Disease or Respiratory Problems Asthma, blood spitting, persistent cough, tuberculosis, abnormal chest x-rays. | <input type="checkbox"/> | <input type="checkbox"/> |
| Disease of Heart or Blood Vessels, increased or abnormal blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Stomach or Intestinal Trouble Please explain. Ulcers, gall bladder or liver disorder, jaundice, hernia, colitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Arthritis, Diabetes, Kidney or Bladder Disease Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Hay Fever or Allergies Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies to Medicines (including penicillin, tetanus) Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Impaired site or hearing, chronic ear infections | <input type="checkbox"/> | <input type="checkbox"/> |
| Recent surgical operations, accidents or injuries. Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Been a patient in a hospital (other than a recent Surgical operation) Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Any infectious disease or contact within the past two months | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy to Foods (please be sure to notify 4-H staff of special dietary needs) Please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| Under on-going care of a physician for chronic or recurring Problem- Explain | <input type="checkbox"/> | <input type="checkbox"/> |

Currently taking medicines (list names and doses)

Please list any special assistance needed, such as dietary or accessibility restrictions:



| | |
|----------------------------|-----------------|
| Insurance Company | Policy Number |
| Phone: () | Name on Policy |
| Family Physician or Clinic | Phone: () |

Participant Name: _____ **County:** _____