



Registration Packet

For more information about this teen event please go to:

<http://web.extension.uiuc.edu/mclean/greatdebate/>

THE 4-H GREAT DEBATE FEBRUARY 12-13, 2010

REGISTRATION & CONFERENCE INFORMATION

Type or print in ink. Complete both sides of these pages (including Emergency Medical Form) and return to your local Extension office or Springfield Extension Center with total payment. All forms must be complete and signed. **All persons attending THE 4-H GREAT DEBATE must complete these forms, including adults.** Checks should be made payable to the *University of Illinois Extension*. Registration forms sent to Springfield Extension Center without the fee paid in full AND completed forms will be returned to the local Extension Office.

Name: _____ County: _____

Address: _____

Street

City

State/Zip Code

E-mail: _____

Sex: M F Grade in School as of September 1, 2009: _____ (Delegates must be in high school grade.)

I am attending as: _____ Youth Delegate _____ Adult Chaperone _____ Planning Committee

Are you a 4-H Member? _____ Yes _____ No If no, please list a youth affiliation _____

Please list any dietetic or other special needs (vegetarian, wheelchair accessibility, etc.) _____

A T-shirt is included with your registration fee. Please indicate shirts next to size desired (Adult sizes). T-shirts are green with a text logo on the front.

_____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

Parental/Guardian Authorization:

I have reviewed THE 4-H GREAT DEBATE conference overview above and have read the Behavior Guidelines below and give permission for my child to participate in THE 4-H GREAT DEBATE Conference. I also understand that if my child does not follow the Code of Conduct, s/he may be asked to leave the Conference. I further agree to be responsible for removing my child immediately from the Conference if this becomes necessary.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

Delegates:

4-H Youth Behavior Guidelines: All youth who participate in Illinois 4-H Youth Development programs, which are planned, conducted, and supervised by University of Illinois Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines.

1. Be courteous and respect others.
2. Obey all rules established by the University of Illinois Extension 4-H Youth Development program and those of the local club/group and local and state laws.
3. Treat all people fairly and animals humanely.
4. Respect the property of others.
5. Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.
6. Use appropriate language and wear acceptable clothing at 4-H activities and events.
7. Show kindness to others and give assistance when needed.
8. Be honest and honor commitments.
9. Strive for personal best and keep trying to improve.
10. Accept responsibility for personal choices.

As a delegate to THE 4-H GREAT DEBATE Conference, I have read the list of regulations that will be in effect and agree to abide by them. I realize that my room and personal items may be inspected by 4-H officials as a condition of participating in the 4-H program and agree to cooperate with such inspections.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described

herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Delegate Signature: _____ Date: _____

BILLS FOR DEBATE

Indicate your top three (3) choices for sponsoring and debating.

Bills up for DEBATE **(1 = First Choice, 2 = Second Choice, 3 = Third Choice)** **For** **Against**

Bill #1 - Advertising of prescription drugs shall be banned from radio and television in Illinois.		
Bill #2 - All K -12 schools shall require 4 hours of physical education each week.		
Bill #3 - Schools should be prohibited from using technology that disables cellular devices on campuses.		
Bill #4 - Driving permits should be available in counties with populations under 40,000 to allow 14 year olds to drive a motor vehicle when a parent or legal guardian is present in the vehicle.		
Bill #5- Schools should be banned from utilizing public parks and park facilities during school hours on school days.		
Bill #6 - All first time Firearm Owners Identification (FOID) card applicants shall be required to successfully complete 2 hours of firearms safety training prior to receiving a card.		

REGISTRATION FEES

Registration Fee (Delegates)**	_____	\$60.00
Registration Fee (Adult Chaperones/Planning Committee)	_____	\$30.00

** If county is supplying scholarship, that payment or necessary paperwork must also be included.

TOTAL ENCLOSED _____
 Checks should be made out to “*University of Illinois Extension*”

PLEASE NOTE: Registration is limited to the first 80 high school participants who register. If your registration is received after the conference is full, you will be placed on a waiting list, if you are not able to attend due to full registration your complete payment will be refunded.

REFUND POLICY

Cancellations prior to the January 22 registration deadline will receive a full refund. Cancellations made between January 22 and February 5th will receive a 50% refund. **No refunds will be issued for cancellations received after 5:00 p.m. on February 5th. All cancellations and refund requests must be received IN WRITING to the Springfield Extension Center office by 5:00 p.m. on the date specified in order to receive any portion of a refund. Requests may be faxed (217/782-8886) or emailed (cgoebel1@illinois.edu).**

Delegates: Return these forms to your local extension office or to the Springfield Extension Center **by the January 22nd** deadline. Remember, registration and choice of bills to debate are on a first-come, first-served basis.

THE GREAT 4-H DEBATE

**Attn: Carla Goebel, Springfield Extension Center
 P.O. Box 8199, Springfield, IL 62791-8199**

*The University of Illinois Extension provides equal opportunities in programs and employment.
 The 4-H Name and Emblem are Protected Under 18 U.S.C. 707.*

THE 4-H GREAT DEBATE CONFERENCE - EMERGENCY MEDICAL FORM

(NOTE: This form must be mailed in with the registration form.)

DELEGATE/CHAPERONE'S NAME: _____

Address: _____
Street
City
State/Zip Code

Age: _____ Sex: F M Birth Date: ____/____/____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACT

Name: _____
Relationship

Home Phone: (____)____ - _____ Work or Cell Phone: (____)____ - _____

Address: _____
Street
City
State/Zip Code

HEALTH INFORMATION STATEMENT

Place a "Y" (yes) or "N" (no) in the space to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperone. At the end of the list, please give specific information on any items that you placed a "Y" in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Nervous or Mental (<i>epilepsy, emotional stress, convulsions</i>) <input type="checkbox"/> 2. Lung Disease (<i>asthma, persistent cough, tuberculosis</i>) <input type="checkbox"/> 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure <input type="checkbox"/> 4. Pain in Chest or Shortness of Breath (<i>heart murmur, rheumatic fever</i>) <input type="checkbox"/> 5. Stomach or Intestinal Trouble (<i>ulcers, gall bladder or liver disorder, jaundice, hernia, colitis</i>) <input type="checkbox"/> 6. Arthritis, Diabetes, Kidney or Bladder Disease <input type="checkbox"/> 7. Hay Fever or Allergies <input type="checkbox"/> 8. Allergy to Medicines (<i>including penicillin, tetanus</i>) <input type="checkbox"/> 9. Impaired Sight or Hearing, Chronic Ear Infections <input type="checkbox"/> 10. Recent Surgical Operations, Accidents or Injuries refrigeration | <ul style="list-style-type: none"> <input type="checkbox"/> 11. Any Infectious Disease <input type="checkbox"/> 12. Skin Disease <input type="checkbox"/> 13. Allergy to Foods <input type="checkbox"/> 14. Significant Orthopedic and/or Neuromuscular Impairment (<i>e.g. loss of limb, spinal cord injury</i>) <input type="checkbox"/> 15. Under on-going care of a Physician (<i>give name & phone number below</i>) for chronic or recurring problem <input type="checkbox"/> 16. Do you wear glasses OR contact lenses? (<i>circle</i>) <input type="checkbox"/> 17. Currently taking medication (<i>list names & doses below</i>) <input type="checkbox"/> 18. Currently taking medication that needs <input type="checkbox"/> 19. Date of last TETANUS BOOSTER |
|--|--|

Please provide any detailed information for any items above marked with a "Y". Be specific.

Family Doctor: _____

Clinic/Hospital Affiliation: _____

City: _____ Phone: (____)____ - _____

Medical Privacy Statement: *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect for the event does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: _____ **DATE:** _____

Parent or Guardian/Adult Chaperon