

Tell Me Your Story

(a Speak Out Leadership Event)

**Where: Black Tail Ranch,
Wolf Creek MT**

When: May 14th-16th



**Applications are due:
April 26th, 2010**

**Montana OMK/4-H Registration Form
1st Annual Speak Out Event**

Please return completed application to:
Montana 4-H Youth Center
Attn: Operation Military Kids
PO BOX 173580, 201 Taylor Hall
Bozeman MT 59717



Please print or type the following information.

Participant Information

Last Name of Participant Family:	First names:		
Address:	City:	State:	Zip:
Home Phone Number:	Are you in 4-H? yes no		Are you military? yes no

Parent/Guardian Information

Sponsor Work Phone:	Dependent/Other Work Phone:
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Additional Emergency Phone Numbers

Name:	Phone Number: ()	Relation:
Name:	Phone Number: ()	Relation:
Parent Squadron/branch if military:	Youth Cell Phone:	

Privacy Act of 1974

Authority: Title 10, United States Code, Section 3013

Principal Purpose(s): To obtain youth and family program eligibility and background information for proper assignment of the individual into activities and workshops; to contact participant's home and parents/guardians in the event of an accident or illness; obtain sponsor consent for access to emergency medical care (Power of Attorney separate page).

Routine Uses: To provide information to medical personnel in the absence of a parent; to notify the parents in case of emergency, to mail information of interest of the participants, to contact the youth's parent's/guardian relative to the youth's participation in programs.

Disclosure: Disclosure of requested information is voluntary.

Parent/Guardian Signature:	Date:
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Is there anything else you would like us to know?	
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Operation Military Kids/Montana 4-H Health Information and Medical Release Form



Participant information:

Name _____
Address _____
City/State _____ Zip: _____
Date of Birth _____ Gender _____

Parent/Guardian Information:

Name _____
Home Phone _____ Work Phone _____ Cell Phone _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name _____ Home Phone _____ Work/Cell Phone _____
Name _____ Home Phone _____ Work/Cell Phone _____

Medical Information:

Name of Physician _____ Phone _____
Date of Last Physical Exam _____ Drug Allergies _____
Other Allergies _____
Describe any physical limitations _____
Describe any recent illness or injury _____
Is there a history of: heart condition__ diabetes__ asthma__ epilepsy__ rheumatic fever__

PARENT/GUARDIAN AGREEMENT:

We, as parents of this minor child, acknowledge that we are aware of and understand the risks and hazards connected with the event and its activities. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form. We further understand that we are assuming the risks of loss, property damage or personal injury that may be sustained by our child as a result of participating in this event. I hereby consent to my child's participation in this event.

Parent/Guardian Signature _____ **Date** _____

Over the counter & Prescription Medication :

Please list any and all medication currently being taken by the camper including prescription and over the counter medications. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. Participants are expected to provide all medication(s) listed and administer the medication.

Name of Medication:

What illness/condition is medication taken for? _____
Describe dosage and special instructions _____

Dates/Times for administration: _____

I am the parent/guardian of _____ and give permission for the medications listed to be administered to my child as directed.

Name of Medication:

What illness/condition is medication taken for? _____
Describe dosage and special instructions _____

Dates/Times for administration: _____

I am the parent/guardian of _____ and give permission for the medications listed to be administered to my child as directed.

Name of Medication:

What illness/condition is medication taken for? _____
Describe dosage and special instructions _____

Dates/Times for administration: _____

I am the parent/guardian of _____ and give permission for the medications listed to be administered to my child as directed.

Parent/Guardian Signature _____ **Date** _____

Operation Military Kids/Montana 4-H Photo and Media Release Form



I give permission, without restriction, to the Montana State University 4-H Extension/OMK to **photograph, videotape, audio record and quote** my teen.

I grant the right to use these materials for educational and promotional use as directed by the University, without payment or remuneration for any appearances, use or displays.

I acknowledge the University's right to crop or treat the display of my photograph at its discretion.

I understand that the University may use these materials in printed and Internet publications and presentations that they produce, and that they may also give these materials to news media and other organizations for educational or promotional purposes.

Yes, I agree to the above conditions.

PARTICIPANT NAME:

PARENT/GUARDIAN SIGNATURE: _____

No, I do not agree to the above conditions.

PARTICIPANT NAME:

PARENT/GUARDIAN SIGNATURE: _____

THANK YOU!



Montana 4-H Center
FOR YOUTH DEVELOPMENT



MONTANA
STATE UNIVERSITY

EXTENSION

Operation: Military Kids is a partnership of Army Child and Youth Services, National 4-H Headquarters/USDA, and [Montana State University Extension](#). Operation: Military Kids- [Montana](#) is supported by the 4-H/Army Youth Development Project under Kansas State University special project number 2007-48661-03868.

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.

CODE OF ETHICS

(This form is to be completed by ALL attendees.)



Participant Behavior Code:

To ensure that the 4-H/Operation Military Kids Camps are a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following information and sign below.

- I will be courteous and respectful towards others.
- I agree to value and respect others' ideas regardless of whether they are the same as my own.
- I will attend and actively participate in all sessions and activities during OMK Camp.
- I will conduct myself in a professional manner at all times.
- I will not have fireworks, lighters, matches, knives of any sort, slingshots or any type of weapon while attending camp.
- I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited.
- I will wear my nametag at all times.
- I will be in my tent/bed at the prescribed curfew time each night unless scheduled activities extend beyond this time or at day camp.
- I will not use any alcohol, tobacco, or other drugs at any time during camp.
- I will follow guidance provided by all Military and 4-H counselors.
- **I understand that I will forfeit my position as an Operation Military Kids Camp participant for any misconduct or repeated misbehavior and be required to return home.**
- **I understand that if I am required to return home because of misbehavior that any costs incurred will be the responsibility of myself and my parents.**
- **I will follow all guidelines of appropriate behavior that pertain to the Operation Military Kids Programs.**

Participant Name (print)

Signature

Date

Name of Parent/Guardian (print)

Signature

Date



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