Looking for something fun to do this summer? 4-H Clover Classroom is a great way to keep your kids learning throughout the summer. Each workshop is conducted by an Extension professional or a 4-H Volunteer. Youth do not need to be a 4-H member to participate but they do need to be between 9-14 years of age. We are working toward the 4-H Motto “To Make The Best Better.” We would like to thank all of you in advance for your participation and support that will make the 10th Annual 4-H Clover Classroom better than ever!
**#400 Sassy Salsa**

Learn safe techniques and tips for preserving fruits and veggies. This workshop is for parents & their children. Participants will make and take home a jar of “sassy salsa.”

**Date:** Thursday, July 16th  
**Location:** Moody High School FCS Dept.  
**Time:** 9 a.m.—1 p.m.  
**(Lunch Provided)**  
**Cost:** $5  
**Class Limit:** 20  
**A parent must join their child in this class.**

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**#500 Dough Fun**

It’s easier than it looks to mix and shape yeast breads and rolls. Participants learn how to make and shape yeast breads and bring home samples of what they made!

**Date:** Tuesday, July 21st  
**Location:** Moody High School FCS Dept.  
**Time:** 9 a.m.—1 p.m.  
**(Lunch Provided)**  
**Cost:** $5  
**Class Limit:** 20  
**Must take or have taken Beginner Cooking Camp to participate in this class.**

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**#600 Raptors & Reptiles**

Come see native reptiles and raptors up close and personal. Amy Walker, Alabama 4-H Center Environmental Education Instructor, will provide hands-on learning with live birds of prey and reptiles.

**Date:** Thursday, July 23rd  
**Location:** Pell City Lakeside Park Large Pavilion  
**Time:** 9 a.m.—1 p.m.  
**(Lunch Provided)**  
**Cost:** $5  
**Class Limit:** 20

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**#700 Geocache Adventures**

Come explore Pell City Lakeside Park in this Geocache Adventure! Participants will navigate the park using GPS technology, discovering hidden treasures along the way.

**Date:** Thursday, July 28th  
**Location:** Pell City Lakeside Park Large Pavilion  
**Time:** 9 a.m.—1 p.m.  
**(Lunch provided)**  
**Cost:** $5  
**Class Limit:** 20

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**#800 The University of Montevallo and the American Village Road Trip!**

Let’s take a road trip! We will travel to the campus of the University of Montevallo to take a tour of all of the landmarks that tell the history and traditions of the University. We’ll learn about the great educational and career opportunities it has to offer. Next, we will take time to honor and remember the sacrifices of our military heroes with a riding tour of the National Cemetery in Montevallo—Alabama’s equivalent to Arlington. Then it’s on to the American Village for more learning and fun! Come join us!

**Date:** Thursday, July 30th  
**Location:** University of Montevallo Campus  
The Alabama National Cemetery  
The American Village  
**Time:** 7:00 a.m.—6:00 p.m.  
**(Lunch Provided)**  
**Cost:** $10  
**Class Limit:** 20  
*This trip is for Clover Classroom participants only. NO younger siblings will be allowed to attend. We have a limited number of Adult Chaperone spots open also at $10 each.*
Class sizes are limited. Spaces are filled upon completion of the registration process. To register for 4-H Clover Classroom you must submit:

- Completed Registration Form
- Completed Youth Consent Form
- Payment

*Please make checks payable to St. Clair County Extension Office

<table>
<thead>
<tr>
<th>Class</th>
<th>Date</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>#100 Photography Fun</td>
<td>7/7/14</td>
<td>$5.00</td>
</tr>
<tr>
<td>#200 Sportfishing</td>
<td>7/9/14</td>
<td>$5.00</td>
</tr>
<tr>
<td>#300 Beginner Cooking Camp</td>
<td>7/14/14</td>
<td>$5.00</td>
</tr>
<tr>
<td>#400 Sassy Salsa (a parent must accompany child)</td>
<td>7/16/14</td>
<td>$5.00</td>
</tr>
<tr>
<td>#500 Dough Fun</td>
<td>7/21/14</td>
<td>$5.00</td>
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<tr>
<td>#600 Raptors &amp; Reptile</td>
<td>7/23/14</td>
<td>$5.00</td>
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<tr>
<td>#700 Geocache Adventures</td>
<td>7/28/14</td>
<td>$5.00</td>
</tr>
<tr>
<td>#800 The University of Montevallo/the American Village Road Trip (Child)</td>
<td>7/30/14</td>
<td>$10.00</td>
</tr>
<tr>
<td>#800 The University of Montevallo/the American Village Road Trip (Adult)</td>
<td>7/30/14</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

T-Shirt Size (please check one): Youth _____S  _____M  _____L  _____XL  or Adult  _____S  _____M  _____L  _____XL  _____2X  _____3X

Please Complete and Return to:
St. Clair County Extension Office
1815 Cogswell Ave., Ste. 103
Pell City, AL 35125
Phone: 205-338-9416
Email Libby Perry: elp0013@aces.edu
**Alabama 4-H Youth Consent Form**

All items on this form must be completely filled out by the participant and his or her parent or guardian. If an item is not applicable or there is none, indicate that by using N/A or None (for example: no Family Doctor). If this form is not completed in its entirety, the youth will not be able to participate in 4-H activities.

**Youth’s Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
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**Birth Date** / /  

**Age**  

**Gender** 

Female  
Male

**Home Address**

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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

**Home Phone** ( )

**Parent/Guardian Work Phone** ( )

**Family E-mail**

**Cell Phone** ( )

**Primary Emergency Contact**

**Phone(s)** ( )

**Alternate Emergency Contact**

**Phone(s)** ( )

**Youth’s Doctor**

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<tr>
<th>Phone</th>
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**Health Insurance Co.**

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<tr>
<th>Policy</th>
<th></th>
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**Name of Insured**

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<tr>
<th>Relationship to Participant</th>
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</thead>
</table>

**ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD**

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**Publicity Release**

- I authorize Alabama 4-H or its assignees to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational and promotional programs and hereby convey all rights in perpetuity in such recording, photo, video or other media rights, including but not limited to Alabama 4-H or its assignee. I also recognize that these audio, video and image recordings are the property of Alabama 4-H.
- No, I do not authorize use of my – or my child’s – individual image or voice.

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**HEALTH HISTORY**

Does the youth have -- or has ever had -- any of the following? Check Yes or No to each item. Please explain any Yes answers (noting the number of the item) in the space below or on additional paper.

Reporting a health condition will not prevent you from participating and will be kept confidential.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Asthma</td>
<td></td>
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<tr>
<td>2. Bronchitis</td>
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<tr>
<td>3. Convulsions</td>
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<tr>
<td>4. Diabetes</td>
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<td>5. Ear Infection</td>
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<td>6. Fainting</td>
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<tr>
<td>7. Heart Condition</td>
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<tr>
<td>8. Headaches</td>
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<tr>
<td>9. Hypoglycemia</td>
<td></td>
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<tr>
<td>10. Serious Insect Stings</td>
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<tr>
<td>11. Wear Glasses</td>
<td></td>
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<tr>
<td>12. Wear Contact Lenses</td>
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<tr>
<td>13. Other Conditions</td>
<td></td>
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<tr>
<td>14. Penicillin Allergy</td>
<td></td>
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<tr>
<td>15. Aspirin Allergy</td>
<td></td>
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<tr>
<td>16. Tetanus Allergy</td>
<td></td>
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<tr>
<td>17. Other Drug Allergies</td>
<td></td>
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<tr>
<td>18. Food Allergies</td>
<td></td>
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<tr>
<td>19. Serious Ivy, Oak or Sumac Poisoning</td>
<td></td>
</tr>
<tr>
<td>20. Other Allergies</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Last Tetanus Shot** / / 

Please explain Yes answers and provide information on present medications, recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted and other comments.

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These over-the-counter medications or generic equivalents may be administered to my child without contacting me:

- Antihistamine (Benedryl)
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Pepto-Bismol
- Decongestant
- Baby Aspirin
- Hydrocortisone
- Polysporin (antibiotic cream)

- Please contact me for permission prior to administering any over-the-counter medications.

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This form is valid for one year from signing. Please update all medical or other information as needed.  

[6/14]
**Alabama 4-H Youth Code of Conduct**

- I will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship and fairness.
- I will value the rights of all others. As a 4-H member, I am committed to the policies of the Alabama Cooperative Extension System, Auburn University and Alabama A&M University.
- I will act and speak respectfully. I will not use language that belittles others or is disrespectful of individual differences.
- I will dress appropriately. Apparel including accessories must not have pictures or wording involving nudity, sex, weapons, violence, drugs, alcohol or tobacco.
- Apparel, accessories and equipment featuring culturally or racially insensitive images violates 4-H’s values of respect, fairness and caring and will not be permitted.
- I will attend all sessions of planned programs.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten, or harm another person or abuse public or private property.
- When I have access to computers at Extension facilities, I will use the computer for educational purposes and will not access inappropriate Web sites.
- I recognize that these guidelines are not all inclusive and that the Alabama Cooperative Extension System may make adjustments to these policies.

**MEMBER:** I have read the Alabama 4-H Youth Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).

4-H Member Signature ___________________________________________________________________
Date ______________________________________________________________________________

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**SURVEY & EVALUATION RELEASE**

☐ I hereby give permission for my child (under 19 years of age) and give consent for myself, as a parent or guardian, to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that I or my child may be asked for consent before completing a survey or an evaluation.

☐ No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

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**VERIFICATION**

I, ____________________________________________ (parent/guardian)
understand that participants will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for me or my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that as a parent/legal guardian, I will be responsible for the cost of service or treatment.

4-H Member Signature _______________________________________
Date __________________________________________________________________________

Parent/Guardian Signature ___________________________________________
Date __________________________________________________________________________

I have read and understand the Alabama 4-H Youth Code of Conduct. Publicity Release and Survey & Evaluation Release.

4-H Member Signature _______________________________________
Date __________________________________________________________________________

Parent/Guardian Signature ___________________________________________
Date __________________________________________________________________________

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

4-H Member Signature _______________________________________
Date __________________________________________________________________________

Parent/Guardian Signature ___________________________________________
Date __________________________________________________________________________

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, and other related acts, in cooperation with the U. S. Department of Agriculture. The Alabama Cooperative Extension System (Alabama A & M University and Auburn University) offers educational programs, materials, and equal opportunity employment to all people without regard to race, color, national origin, religion, sex, age, veteran status, or disability.

Alabama Cooperative Extension System

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This form is valid for one year from signing. Please update all medical or other information as needed. [6/14]