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April 24th, 2022

4-H Agents, FFA Advisors, Youth Leaders and Parents,

The 2022 Southeast Dairy Youth Retreat is scheduled for July 10th – 14th in Clemson, SC. This annual event is a tremendous opportunity for youth ages 9 to 19. During the retreat, youth participants from seven southeastern states will interact with dairy industry professionals during hands-on learning activities. This year's group will visit a wide variety of farms as well as taste their products at Clemson University! The group will also have educational workshops and a fun evening at SkyZone in Anderson! Looks like it will be a fun and educational time!

The cost is **\$220** per youth participant and includes lodging (4 youth per room), events, most meals, travel, and chaperones. Group transport will be arranged by UGA Extension and will depart from Athens, GA on Sunday. You will be provided more information following receipt of your registration materials.

We are looking for young people from Georgia to attend this tremendous event where they will gain a greater understanding of the dairy industry while building long lasting friendships in agriculture! Please distribute information to your youth members and let me know if you have any questions. Please visit the URL below to find all forms and information regarding the 2022 retreat.

<https://www.facebook.com/2022SEDYR>

Registration materials (forms and payment) are due by June 1st, 2022. On the payment form, you will see that contact information is REQUIRED for the "county coordinator". This person will be contacted to verify registrants. Each youth registrant MUST have the signature (recognizing support of youth member) of a county coordinator. The county coordinator may be an Extension Agent or FFA Advisor.

If you have any trouble with the link, please e-mail me at the address above and I will get you to the correct forms.

I hope that youth from your county will take advantage of this tremendous event! There are few others offered that are anything like it. As a final note, we will need chaperones. If interested in chaperoning the event, please contact me directly via e-mail to jfain@uga.edu. For all approved chaperones, the cost of lodging and registration will be covered thanks to the generous support of Georgia Dairy Youth Foundation and Southeast Milk Check-off.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Jillian Bohlen, Ph.D.
Assistant Professor and State Dairy Extension Specialist

georgia4h.org

2022 Southeast Dairy Youth Retreat
July 10TH - 14TH
Clemson, SC
Youth Registration

Name _____

Address _____

Cell number of youth participant (if applicable): (____)_____

Age (as July 1, 2022) _____ Male _____ Female _____

* Participants must be ages 9 - 19 to participate as of the above date to participate *

Parent or Guardian:

Name _____

Best number to reach by phone: (____)_____

Email address _____

Name of adult chaperone(s) while at retreat, if known.

T-Shirt Size (please circle): S M L XL XXL

Name of person(s) you wish to room with (there will be 4 youth per room):

1. _____

2. _____

3. _____

Please note that we will do our best to accommodate rooming requests but changes may be required.

REGISTRATION AND PAYMENT DUE BY JUNE 1ST, 2022

Chaperone Information

Georgia youth will require and need chaperones for participation in the Southeast Dairy Youth Retreat.

Approved chaperones will be responsible for transportation and will oversee youth while at the retreat. All chaperones attending this event will be a UGA employee that has completed the "Working with Minors Training" or a Georgia 4-H Screened Volunteer to Work With Minors. Chaperones will have registration and housing paid for. If you are interested in attending the retreat with your child but not in serving as a chaperone, please register for the event directly with Clemson University.

If interested in serving as an approved chaperone, please fill out the following.

Name _____

County _____

Email address: _____

Phone number: _____

Parent of child participating? YES NO

If yes, name of child _____

Are you a UGA Employee? YES NO

Are you a Georgia 4-H Screened Volunteer to Work with Minors? YES NO

Please email this information back to Dr. Jillian Bohlen at jfain@uga.edu

GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____	County _____	
Address: _____	Phone _____	
School: _____	Grade: _____	Year: _____

BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

If 4-H'ers are found participating in actions listed below, during 4-H events, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident. In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

4-H'ers who participate in these actions outside of the program may also be removed, suspended, or expelled from future 4-H participation.

If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Possession or use of e-cigarettes or other vaping devices
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks
- Distribution, misuse, or abuse of over-the-counter, homeopathic, including supplements and vitamins, or prescription medications

PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature

Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

Parent/Guardian Signature

Date

Phone

VALID FOR ONE 4-H PROGRAM YEAR (AUGUST 1 - JULY 31)

Revised MAY 2021



Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.



EVENT: _____ Date(s) of EVENT: _____

4-H'ers Information

Name _____ County _____

Address _____

Date of Birth _____ Grade _____ Gender _____ Preferred Phone _____

Parent/Guardian Information

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Email Address: _____ Text: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

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

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Medical Information

*The following information is requested in case of accident or illness to better treat your child.
The information is optional and not required for participation.*

Name of Physician: _____ Phone: _____

Date of Last Physical Examination: _____ Drug Allergies: _____

Other Allergies: _____

Describe any recent illness or injury: _____

Describe any pre-existing conditions: _____

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Consent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature
5/2021

PLEASE COMPLETE BOTH SIDES

Date

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ **County** _____

Parent/guardian should list any over-the-counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
Yes No *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
Yes No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
Yes No
4. Sore throat relief spray for sore throat
Yes No
5. Cough Drops for coughing
Yes No
6. Itch and rash relief cream/ointment for minor skin irritations
Yes No
7. Lubricating eye drops for eye irritations
Yes No
8. Oral pain relief gel for tooth/mouth discomfort
Yes No
9. Triple antibiotic ointment for minor skin abrasions/wounds
Yes No

Please list any prescription, over-the-counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of _____ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

Parent/Guardian Signature _____
Date

Payment Form

Please mail this form along with your payment to:

University of Georgia
c/o Dr. Jillian Bohlen
Rhodes Center for Animal and Dairy Science
425 River Rd.
Athens, GA 30602

Deadline: June 1st, 2022

**Make checks payable to "GA 4-H Foundation" with "SEDYR" in the memo line
Registration Fee - \$220 per person**

County Coordinator Information (FFA Advisor or Extension Agent):

Name _____

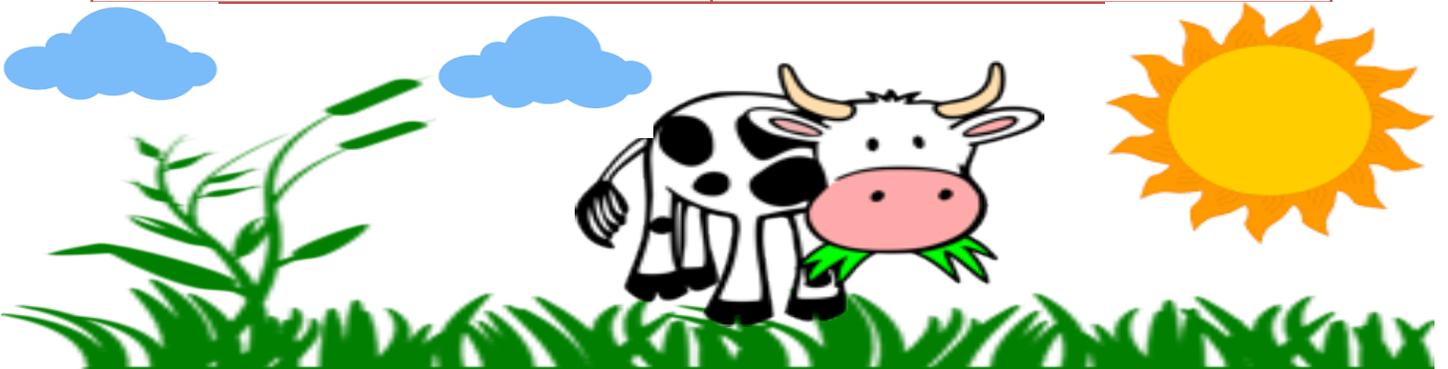
E-mail: _____

Phone: _____

Signature _____

Participants (youth):

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.



2022 Southeast Dairy Youth Retreat

Items necessary for a complete registration packet:

Registration Form

Payment Form

GA Code of Conduct

GA Medical Form

Payment