

2012 Exploration Days

Applications will be electronically registered with the MSU Extension State 4-H office beginning at 9:00 a.m. Tuesday, March 20th.



You may submit your applications **NOW** along with the deposit. They will be numbered as they are received and entered as numbered on the 20th.

A hard copy booklet is available in the 4-H office. Call 248.858.0889 if you would like one mailed to you.

Please make sure ALL information is filled out, signed and legible.

You **MUST** have all EIGHT (8) *different* sessions filled in.

MICHIGAN STATE
UNIVERSITY
EXTENSION

March 1, 2012

Dear 4-H Family:

4-H Youth Exploration Days is an excellent opportunity for 4-H youth to try out living on a college campus as well as learning many new things about selected project areas. I encourage you to expand your horizons by attending Youth Exploration Days held June 20-22 this year.

ALL REGULAR PARTICIPANTS: This year the total cost is \$181.

- The additional charge of \$16 helps to cover part of the cost for Oakland County Chaperones and CCA's.
- There are a limited number of \$40.00 partial scholarships available. Call Sue Stapleton at 248-858-0894 to request an application.
- The deadline for returning the registration form and scholarship application is **April 30, 2012.**
- **Deposit: \$91.00** must be returned with the registration forms.
- The registration form, which includes the medical, media release, and code of conduct information, must be signed and returned with your deposit to the 4-H office.
- The MSU Extension Background Check Form for 18, 19, 20 year olds referred to at the bottom of page 4, must be returned with your application and deposit if applicable, before April 30 2012.
- **Your registration will not be sent to MSU until all forms are completed, signed and the \$91 deposit is enclosed.**
- **Please indicate on highlighted section on top of the registration form if you are biking to MSU. The early arrival fee is an extra \$24.00.**

The State 4-H office sets a date to begin electronic registrations, however, we encourage you to send in the registration as soon as possible because the classes fill up rapidly. Your form will be dated and numbered, then entered in the order received when registration opens. We cannot guarantee that you will receive the classes that you requested. As registrations are received after the beginning date, they will be entered the day they are received.

Be sure to indicate 8 different selections to avoid further delays should your first few choices be filled.

Cancellations:

- Your \$91 registration deposit will be returned if you cancel by 5:00 PM on **May 11, 2012**
- The fee for participants who cancel between **May 12 – June 20** is \$66.00.
- No Show Fee for participants who cancel any time after **June 20** or during 4-H Exploration Days is \$91.00.

AWARD DELEGATES:

- The cost for "**Awards Delegates Only**" is \$91.00. **A deposit of \$46.00** must be returned with the registration forms.
- The cost for "**Awards delegates attending second half classes**" is **\$136.00.** **A deposit of \$71.00 is required.**
- A MSU scholarship has reduced the award delegates' fees by \$45.00.

(over)



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<http://www.msue.msu.edu/oakland>

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Oakland County, Michigan State University, U.S. Department of Agriculture cooperating.

MSU is an affirmative-action equal opportunity employer.

Printed on recycled paper.

CONFIRMATION:

After confirmation of your registration, we will send a letter telling you what option/options you received and the balance due. It will also list the final dates of orientation.

ALL PARTICIPANTS MUST ATTEND ONE OF THE FOLLOWING ORIENTATIONS:

- The 4-H Office: May 30 at 4:00 PM
- The 4-H Office: May 30 at 7:00 PM
- Springfield Oaks Activity Center: May 29 at 4:00 PM
- McIntyre Elementary School, 19600 Saratoga Drive, Southfield: May 31 at 6:30 PM

Please let Sue Stapleton know which day and time you will be attending. 248-858-0894 or staple25@msu.edu

The balance of fees will be due at that time. **CASH OR MONEY ORDER ONLY** no personal checks will be accepted at the orientations. Option fees are also due with the final payment.

For Exploration Days in June 2011, the awards delegates will be doing a service project. To help the awards delegates be more successful, we are asking each Exploration Days participant to donate a small reading book, activity or game that can be enjoyed by a sick child in the hospital. The award delegates will sort the donations according to appropriate age. The donations will be presented to area hospitals on stage at the awards celebration.

Each year we have a group of Exploration Days Delegates who bike from The Oakland County Fairgrounds to MSU just before the Exploration Days event. The added cost to be paid for Tuesday night lodging and breakfast Wednesday morning at the University is \$24.00. This fee is to be paid with the registration fee. Other costs related to the trip are paid to the volunteer leaders on the bike trip. **Remember to check the highlighted section on top of the registration form if you will be an early arrival.**

We look forward to receiving your registration. If you have any questions, please feel free to give Sue Stapleton a call at 248-858-0894.

CHAPERONES: Are also needed - the fee is \$60.00 per person. You must have a **\$30.00** deposit with your registration. The remainder of the cost is due before April 30, 2012. It is necessary to start the search for chaperones for this event early. Hopefully with these new guidelines, we will be able to insure a positive experience for everyone. Chaperones **MUST** register as a chaperone and attend an orientation meeting. To confirm your attendance at chaperone orientation, please contact Sue Stapleton **at 248-858-0894 by April 11th.**

We will need 1 male chaperone for every 10 boys and 1 female chaperone for every 10 girls attending from Oakland County.

All chaperones must have completed the Michigan State University Extension Volunteer Selection Process AND MUST ATTEND THE MANDATORY ORIENTATION FOR CHAPERONES. Prior participation as a chaperone does not free you from this obligation. In the past some responsibilities have changed from year to year, and you must hear updates. When you fill out the registration forms, you must indicate your choice of session host or activity host in the time slots you prefer. Please sign up for only one class session to allow sufficient time to carry out chaperone duties.

Sincerely,



Thomas F. Schneider
Extension Educator 4-H Youth Development

4-H EXPLORATION DAYS REGISTRATION FORM

Parental approval is required for youth under age 18 to participate in 4-H Exploration Days activities.

This form, along with the Authorization Form, must be completed and returned to your county MSU Extension office before anyone – youth or adult – can participate in the event. The deadline can vary from county to county (it’s typically the end of April), but don’t wait – some sessions fill quickly on a first-come, first-served basis. Please type or print clearly.

4-H club or group _____

Full legal name _____
 (Last) (First) (Middle)

Street _____

City _____ State _____

ZIP _____ Phone (____) _____

E-mail address: _____

County _____ Sex: Male Female

Number of times you’ve attended this event before: _____

STATUS (Must check one):

- Youth – Not a 4-H member
- Youth – 4-H member, Number of years: _____
- Chaperone (aged 21 & up)
- Field staff
- Other adult (Only for bus drivers needing housing or adults with disabilities that prevent them from taking chaperone roles.)

Please check all that apply:

- County conference assistant
- Instructor* — session # _____
- Helper* — session # _____

*Selected through staff and committees with statewide 4-H responsibilities.

- Disability — wheelchair user
- Disability — physical (please indicate): _____
- Disability — learning or functional (please indicate): _____
- Special dietary needs (please indicate): _____

ADULT T-SHIRT SIZE (must check one):

- Small Large XX-Large
- Medium X-Large XXX-Large

RESIDENCE DESCRIPTION:

- Urban Rural, but not on a farm
- Suburban Farm

RACIAL-ETHNIC CATEGORY (Optional):

Are you of Hispanic/Latino ethnicity? Yes No

Select one or more of the following that best describes you:

- White Black
- Asian American Indian/Alaskan Native
- Hawaiian/Pacific Islander

FOR COUNTY MSU EXTENSION OFFICE USE ONLY:
 Date ____/____/____ Amount _____
 Receipt # _____

YOUTH ONLY:
 Age on 01/01/12: _____ Date of birth: ____/____/____
 MM/DD/YYYY
 High school graduation year: _____
 Name of high school you attend or will attend: _____
 School city: _____

REGISTRATION CHOICES (check one):

- 4-H Exploration Days participant only
- 4-H Awards Assembly participant only
- Both 4-H Exploration Days and 4-H Awards Assembly participant

COMMUTING TO EVENT:

- No
- Yes (Will not receive lodging, see page 3 for details.)

PAYMENT

A deposit must be sent in with the registration form to your MSU Extension office. Please make your check or money order payable to MSU Extension. For specific amount due, see page 3.

SESSION SIGN-UP

Some sessions fill quickly so sign up early! Reservations are made on a first-come, first-served basis. Be sure to select eight choices. See page 5 for information on how to complete this section. You may take one full session or two half sessions. 4-H Awards Assembly delegates will sign up for the Assembly as their first-half session and are not eligible for full sessions. See the following samples. List session numbers (not titles).

- KEY:** 1st-Half: #100 to #160 and #500 to #524
 2nd-Half: #200 to #266 and #600 to #624
 Full: #300 to #325
 Awards Assembly: #900 to #933

SAMPLE REGISTRATIONS:

	Ist-Half	AND 2nd-Half	OR	Full Session
4-H Exploration Days Participant:				
1st Choice	112	620		
2nd Choice				309
	Ist-Half	AND 2nd-Half	OR	Full Session
4-H Awards Delegate:				
1st Choice	907	223		NA
2nd Choice	907	613		NA

YOUR SELECTIONS:

	Ist-Half	AND 2nd-Half	OR	Full Session
1st Choice				
2nd Choice				
3rd Choice				
4th Choice				
5th Choice				
6th Choice				
7th Choice				
8th Choice				

ADULTS OVER FOR HOST SIGN UP

4-H EXPLORATION DAYS HOST REGISTRATION CHOICES

Adults who attend 4-H Exploration Days must serve as either a session host or an activity host if they are not serving as CCAs (county conference assistants), session instructors or session helpers. (Many CCAs, instructors and helpers also double as session or activity hosts!) If each of the more than 400 adults who attend this event each year takes on just one of these support roles, there will be more than enough people to fill every assignment. For more information on adult roles at this event, please see the “Adult Opportunities and Roles at 4-H Exploration Days” section on page 19.

Please rank at least **four** choices if you sign up to be an activity host. Some of the activities (such as overseeing shuttle bus traffic) happen each day and in each time frame. Others (such as overseeing attendance and verifying the participant count at Abrams Planetarium) happen on a single day and in a single time frame. When making activity host selections, think first about which day and time period you would prefer to host, then select your preferred activities. (You may wish to coordinate this with other adults from your county so that all of you do not select the same days and times.)

Detailed information about your assigned host role will be mailed to you in early June. There will also be a host orientation at the beginning of 4-H Exploration Days.

Please indicate your host preferences below. Check all that apply.

Session host

- ___ for your assigned session (you must register for session choices and receive an assigned session)
- ___ at large (for those not assigned session registration choices and willing to host any session with a host vacancy)

Activity host

(Please indicate your preferred time and activity below by ranking your choices, with 1 being the most favorable. Please **do not** use “X” or “✓” to indicate choices. If you do not have a preference, put “1” for all your selections.)

Day (Rank 1 to 3):

- ___ Wednesday
- ___ Thursday
- ___ Friday

Time frame (Rank 1 to 3):

- ___ Morning
- ___ Afternoon
- ___ Evening

Activity (please rank at least four choices):

- ___ Ride shuttle bus to discourage pleasure riding (to continually make room for new riders)
- ___ Oversee a residence hall shuttle bus stop (to help participants find destinations)
- ___ Help with field trip bus loading before sessions
- ___ Oversee IM East activities and facilitate indoor and outdoor pick-up games
- ___ Oversee Abrams Planetarium attendance and verify count
- ___ Oversee ice skating attendance and verify count
- ___ Help participants find the rooms in which their sessions are being held in hard-to-navigate buildings such as the IM buildings
- ___ Willing to assist wherever needed

AUTHORIZATION FORM

This form requires parent or guardian signatures on sections 1 through 5 for youth participants. Adult participant signatures are required on sections 2 through 4.

4-H EXPLORATION DAYS, JUNE 20 – 22, 2012

This form (fully signed) is due to your county MSU Extension office with your registration form by no later than April 30, 2012.

County OAKLAND COUNTY

SECTION 1 - PARENT/GUARDIAN CONSENT

Required for all youth participants.

I hereby grant permission for (print participant's name) _____ to participate in all educational and social activities of 4-H Exploration Days 2012 sponsored by Michigan State University Extension's 4-H Youth Development.

I understand that some sessions take field trips and that some sessions, campus facility tours and other recreation activities have special risks. I have read the session descriptions and approve of my child's session selections. I accept any risks associated with their assigned session(s) and selected recreational activities.

I will make a note of any special needs or health concerns on the Personal Data Sheet that is collected at the county pre-event orientation meeting or at another time designated by the county.

Name of Parent/Guardian or of participant aged 18 and up (Please print): _____

Signature: _____ Date: _____

SECTION 2 - MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full legal name _____

Birth date _____

Parent phone – day: (_____) _____
evening: (_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Please attach a photocopy of both sides of your insurance card or complete the information requested below.

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list the emergency treatment authorization phone number (_____) _____

Employer's name and address _____

Business phone (_____) _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

YES NO

Does the participant have any chronic health problem or illness? _____

Does he or she have any acute illness now? _____

Has the person been treated recently for a medical problem? _____

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics? _____

Does he or she have any allergies? _____

Date of his or her last tetanus shot _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up _____

Date _____

PARTICIPANT AUTHORIZATION FORM CONTINUED

SECTION 3 - CODE OF CONDUCT

Positive behavior is a key expectation for youth and adults participating in state-sponsored 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. All participants are expected to follow the event guidelines:

- Theft, vandalism, the use of illegal drugs and alcohol, leaving campus (except for session field trips) and other such offenses are strictly prohibited. Anyone involved with these offenses will immediately be sent home at his or her own expense. Those engaged in illegal activities will be turned over to the proper authorities. Repair costs for damages incurred to property will be billed to those responsible.
- Behaviors for which participants may be sent home are inappropriate sexual behavior and behavior that violates the rights of others, particularly when the behavior is disrespectful as regards a person's appearance, race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status. Disciplinary action will vary based on the degree of the offense and will be determined by the 4-H staff in charge of the program.
- Youth participants are not permitted to use tobacco in any form. Adult use is discouraged.
- Housing areas are set up as all female and all male. Participants are not permitted in the housing areas assigned to members of the opposite sex (bathrooms, floors and rooms). The only exception is brief delegation meetings arranged by 4-H staff.
- All youth and adult participants are to wear their conference lanyards and name badges around their necks at all times (except when sleeping, bathing and swimming, of course). Name badges are used for admission to event activities.
- Participants are responsible for their own belongings. Valuables, such as expensive jewelry and electronic devices, should be left at home.
- Participants should dress casually, but neatly and respectably. Unacceptable attire includes clothing that:
 - Exposes undergarments or excessively exposes the body (such as cropped, low-cut or extremely tight shirts, tube tops, short shorts, excessively baggy or extreme low-rise pants).
 - Conveys a violent, offensive, obscene message or image.
 - Promotes use of an illegal substance.Swimsuits are to be worn only for swimming and not as regular clothing. If wearing your swimsuit to and from the pool, it should be covered by an over-garment or cover-up. (Boys' swim trunks are an exception.) Shirt and shoes must be worn at all times except at the pool or in the privacy of your housing room.
- Attend all the sessions for which you are registered. Attendance will be taken and reported back to the county conference assistant (CCA).
- Select from and participate in a variety of afternoon and evening programs and leisure activities.
- Attend all county or floor meetings.
- Inform your assigned chaperone of your whereabouts.
- Observe the 11 p.m. curfew on your residence hall floor. County conference assistants and chaperones will do a bed check each night to account for each participant. Everyone should be quiet within his or her assigned room by midnight.
- Stay in your assigned room once assignments have been made and keys issued. Unapproved changes make it difficult to contact you in emergencies and at bed check time.
- Understand that a fee will be assessed to participants with lost keys.

- Refrain from yelling out of windows or removing window screens and leaning out of windows or sitting on window ledges. Blinds are to be closed when dressing and after dark.
- Refrain from running in residence halls and classroom hallways.
- Understand that use of roller skates and in-line skates (Rollerblades), nonmotorized scooters, skateboards and similar devices is allowed at your own risk. Use of these devices is restricted to sidewalks. Users may not use bike paths, parking ramps, buildings, gardens or any other posted area, or go on any roadway except while crossing a street within a crosswalk.

MSU Extension staff, county conference assistants and chaperones are responsible for enforcing the rules as stated. Violators who are asked to leave will be sent home at their own expense. These rules are not subject to interpretation and each group is expected to follow them without exception. Our primary consideration is to provide a safe, secure environment for all participants.

I agree to abide by this code of conduct.

Date
Participant's signature
(ALL youth and adults attending the event must sign)
I expect my child to abide by this code of conduct.

Date
Parent or legal guardian's signature (needed only for youth under age 18)

Each participant, along with a parent or guardian, must attend a pre-event county orientation meeting. Your county 4-H staff can provide you with the date, time and location of this important meeting.

SECTION 4 - MEDIA RELEASE FORM
Participants are sometimes photographed and videotaped for use in MSU promotional and educational materials but are not identified by name in the materials.
I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet and any future media. I also authorize the use of any printed material in connection therewith.
I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.
Print subject's name: _____
Signature of Parent/Guardian or of participant aged 18 and up: _____
Date _____

SECTION 5 - 4-H OVERNIGHT HOUSING PERMISSION FORM
I understand that my child may be sharing lodging with an unrelated adult (21 or older) who has been through the MSU Extension Volunteer Selection Process and with at least one other young person. By signing this form I give my permission for my child to attend this event under these lodging conditions.
Signature of Parent/Guardian or of participant aged 18 and up: _____
Date _____

2012 Exploration Days Scholarship Application



Name _____

Home Phone _____ Cell Phone _____

Address _____

Email Address _____

Club Name _____

Number of siblings attending Explorations Days this year _____

Number of times including this year you have attended Exploration Days _____

List the reasons you are attending Youth Exploration Days _____

Have you ever participated in the County or State Awards Program? Y or N

What awards have you applied for? _____

List 3 favorite project areas _____

Why are you applying for this scholarship? _____

Return this form with your registration and deposit to the
MSUE 4-H office. Before April 29, 2012