

GALLATIN COUNTY 4-H "PARENT'S NIGHT OUT"

Saturday, December 17, 2011

6:30-9:30pm

Spire Climbing Center

13 Enterprise Blvd., Bozeman, MT 59718 406-586-0706

Parents may enroll youth ages 6-12 in a fun-filled evening of climbing adventures and other games and movie (healthy snack included) led by 4-H Teen Leaders. Teen Leaders have experience working with youth through their 4-H Clubs and as Camp Counselors at 4-H Summer Camp. Adult supervisors Danica Jamison (406-388-3213) and Gregg Switzer (406-581-0624) are happy to answer any questions you may have about the event.

YOUTH REGISTRATION FORM

REGISTRATION DUE Monday, December 12th, 2011 - GALLATIN COUNTY EXTENSION OFFICE.
RSVP to the office by calling 388-3213

NAME _____ BIRTH DATE ____/____/____ AGE ____ SEX ____
Last First MI

NAME _____ BIRTH DATE ____/____/____ AGE ____ SEX ____
Last First MI

NAME _____ BIRTH DATE ____/____/____ AGE ____ SEX ____
Last First MI

PARENTS/GUARDIANS _____

PHONE (cell 1) _____ (cell 2) _____ (home) _____ (work) _____

ADDRESS _____
Street/PO Box City State Zip

In case of emergency, please give us an alternate contact in case we cannot reach you:

CONTACT NAME _____

PHONE (cell 1) _____ (cell 2) _____ (home) _____

*** FEES ***

One youth (Fee \$ 25.00) _____

Two youth (Fee \$ 35.00) _____

Three youth (Fee \$ 40.00) _____

TOTAL REGISTRATION FEE(S) ENCLOSED \$ _____

Make check payable to: **Gallatin County 4-H Parents Night Out**
201 West Madison, Suite 300
Belgrade, MT 59714

The MSU Extension Service is an ADA/EO/AA/Veteran's preference employer and educational outreach provider.
To request disability accommodation or to inform us of special needs, please contact the Extension office at
406-388-3213, 201 W. Madison, Ste. 300, Belgrade, MT 59714 or email gallatin1@montana.edu.

Medical Release Form for 4-H Youth & Adults

Participant(s) Information:

Name(s): _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Information:

Name of Insurance Carrier: _____

Policy Number: _____

Please write in the date of last shots for participant(s) by indicating their name(s) and dates:

Tetanus Shot _____ Polio Shot _____ Mumps Shot _____

Measles Shot _____ Rubella Shot _____

Medical Information: (check all that apply, write youth's name(s), & explain if checked)

Respiratory problems: _____

Heart Disease: _____

Stomach or intestinal problems: _____

Diabetes or hypoglycemia (low blood sugar): _____

Nervous disorder (convulsions, epilepsy, dizziness, etc) _____

Any Allergies to Food or Plant: _____

Special diet or food restrictions: _____

Are you currently under a doctor's care? Yes No

If Yes, Explain: _____

Are you currently taking medications? Yes No

If Yes, Explain: _____

Any physical restrictions or other medical problems that may require special considerations? Yes No

If Yes, Explain: _____

Authorization for Treatment:

I, _____ do hereby give permission to Danica Jamison and Gregg Switzer

Parent or Guardian

Adult Supervisors

to seek and obtain any medical care necessary for my child(ren) _____
during my absence.

Parent/Guardian Signature _____ Date _____

To the best of my knowledge, accurate information has been provided in all areas of this form.

Youth Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

2011 Gallatin County 4-H Parents Night Out Code of Conduct

The staff and volunteers of the Gallatin County MSU Extension Service want you to have a fun and exciting time at Parents Night Out. To help insure this, they expect each participant to be considerate of others, to participate fully in the programs, and to observe the following rules. Misbehavior may be grounds for dismissal from this event at any time.

- **Be pleasant and cooperative at all times.**
- **Respect supervision at all times. You are responsible to all adults connected with the event.**
- **Fireworks, firearms, illegal drugs, tobacco and any intoxicants of any kind are prohibited.**
- **Obtain permission before leaving the group for any reason.**
- **Respect your surroundings. Do not destroy or deface the facilities.**
- **Name tags will be worn at all times.**
- **Violation of any of these rules is grounds for dismissal and forfeiture of all fees. Parents will be promptly notified along with the county 4-H Agent. Any youth who are dismissed must call a parent or guardian to arrange transportation home.**
- **Remember there is not a rule for every situation but there is always common sense, please try to exercise it.**

I have read the code of conduct and agree to follow all rules.

Signatures of all participants in family

As the parent or guardian of _____,
I have read and support the code. I give my permission to the staff in charge to administer it.

Parent/Guardian's signature

Media Release Form

I, (Parent/Guardian) _____

(please initial one as the Parent/Guardian) _____ authorize or _____ do not authorize Gallatin County MSU Extension Service to use photograph(s) of my child that were taken during a 4-H related event or activity on the Extension Website, documentaries, press releases, newsletters, and other publicity related to 4-H activities.

The Extension Office will not use personal details or full names (first and last) of any child in a photograph on our website. We will not include personal email or postal addresses, telephone or fax numbers on our website or in other printed publications. We may use the name of the child in accompanying text or photo caption. We may use group photographs with very general labels. We will only use images of children in suitable dress, to reduce the risk of inappropriate use of images.

I hereby release the Gallatin County 4-H Program, Montana State University, and any photographer chosen by them to photograph my child from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use of my child's photograph and information about him/her for this purpose. Signed _____

Montana 4-H

Permission and Assumption of Risk

For Participation in High Risk Activities

County: Gallatin Participant(s)'s Name(s): _____

Program: Parent's Night Out

Date of Program: December 17, 2011 6:30-9:30pm

Activity Description: Youth ages 6-12 will be led by 4-H Teen Leaders (ages 13-18) with adult supervision in climbing activities at Spire Climbing Center, icebreakers and other interactive games, and a movie. Snacks will be provided.

FOR PARTICIPANT

I hereby request and apply to participate in the above listed Montana State University Extension 4-H activity. I agree that I will abide by all Extension 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in safety orientations, and/or specified by the course leader(s). I understand the nature of the activities I may participate in may require mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may include strenuous exercise that requires physical fitness, strength, and stamina.

Participant(s)'s Signature(s): _____ Date: _____

FOR PARENT(S) OR LEGAL GUARDIAN(S)

As parent(s) or legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and safety guidelines. I/we understand the program and activities which are involved, consent to my/our child's participations, and agree to have my/our child abide by all the applicable rules, regulations, and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with activities including but not limited to environmental hazards, transportation accidents, and equipment misuse or failure.

I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child's being permitted to participate in this 4-H program, I/we hereby assume all the risks associated with participation and necessary travel.

I/we have carefully read to foregoing permission and assumption of risk and sign of my/our own free will and accord.

Printed Name of Parent/Legal Guardian: _____

Signature: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____

Signature: _____ Date: _____



PARENTS LOVE IT!

Free coupons to local restaurants
Go Christmas shopping
Take a little break

KIDS LOVE IT!

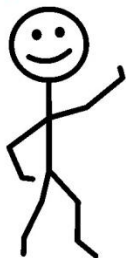
fun and games
rock climbing
snacks with friends
free movie

*Parent's
Parent's
NigNight
Out
Out*



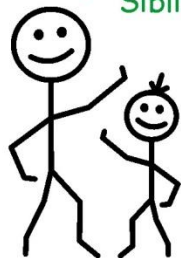
Dec 17th

\$25



\$35

Siblings



\$40

Siblings



Saturday Dec 17

6:30 - 9:30pm

Spire Climbing Center

13 Enterprise Blvd.

To register, please call 4-H extension at **406-388-3213**

For ages 6-12. Sign up by Dec 12, space is limited!