

Trumbull 4-H STEM "CANDY CANE LANE"

Session #1: Grades K-2: DECEMBER 16TH 9:00-11:00AM

Session #2: Grades 3-5: DECEMBER 16TH 12:00-2:00PM

Trumbull Agriculture & Family Educational Center – Cortland, OH

\$5.00 per Youth

In 2023, we are offering a "CANDY CANE LANE" STEM program. The \$5 fee covers snack, supplies, and event insurance. Activities will include hands-on science-based activities and take-home projects. Pre-registration is necessary to insure adequate supplies and supervision. You may register by using the form below. Please turn in to the OSU Extension Office. If you have questions, please call 330-638-6783 for more information. **Registration is limited to 20 youth per session.**

Registration is due by **Monday, December 11** to the Trumbull OSUE Office: 520 W. Main St. Suite 1 Cortland, OH 44410
Please make checks payable to: **OSU Extension-Trumbull County**

REGISTRATION FORM

CHILD'S NAME	AGE	Grade (2023-2024 Year)	Session # (1 or 2)

I give permission for my child to attend 4-H STEM Days and participate in all programs and activities. OSU Extension staff and volunteers may seek emergency medical care for my child if I cannot be contacted.

Photo/Video Release—Many times pictures of 4-H youth are used for news releases and other PR purposes therefore we ask your ***permission to use pictures that may include your child.***

Photo/Video Release – I give permission to The Ohio State University, OSU Extension, and The Ohio 4-H Program to use photographs, voice video images of the participant below and photographs, voice and video images of any activities in which the participant is involved in, any and all public awareness programs of The Ohio State University, OSU Extension, and The Ohio 4-H Program.

Parent Signature: _____ Date: _____

Print Parent name: _____ Email: _____

Please fill out health form on back.



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



trumbull.osu.edu

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity

PARTICIPANT HEALTH HISTORY

This form must be completed for each participant by the parents/guardians of minors. This information will be kept confidential and used only for the welfare of the participant.

Event: **TRUMBULL CANDY CANE LANE STEM**

Date of Event: **December 16, 2023**

Location of Event: **Trumbull Agriculture & Family Educational Center**

YOUTH NAME _____
Last First Middle

[] FEMALE [] MALE AGE _____ DATE OF BIRTH _____

ADDRESS _____
Street City State Zip

PHONE (Home) _____ PARENT/ GUARDIAN'S WORK PHONE _____

CELL PHONE _____

IN CASE OF EMERGENCY, CONTACT:

PARENT/GUARDIAN'S NAME _____ PHONE _____

OTHER PERSON _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

Check if participant is allergic to:

☐ Foods (Specify) _____

☐ Medications, Prescription or Non-Prescription Drugs (Specify) _____

☐ Poison Ivy, Oak, or Sumac _____

☐ Bee or Insect Stings _____

☐ Other _____

Prescribed Treatment _____

LIST ALL OTHER CONDITIONS (Contact Lenses, Braces, etc.) and associated restrictions in activities:

Conditions: _____

Medications: _____

Specify any restrictions in activities: _____

PARENT/GUARDIAN MEDICAL RELEASE

_____ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand that the 4-H staff and volunteers, Ohio State University Extension, and The Ohio State University are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness, I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant as named above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The 4-H event's nurse/health director has my permission to administer the prescription medications and/or over the counter medications.

Signature _____
Parent/Guardian

_____ Date