

i4-H: There's An App For That!
Florida Delegation Registration Form
 September 30th - October 3, 2010
 Rock Eagle 4-H Center, Eatonton, Georgia

Fees/Deadlines:

\$235 on or before August 20th
 \$285 after August 20th

Registration Form for Florida Delegation

Delegate Type	<input type="checkbox"/> Volunteer	<input type="checkbox"/> UF 4-H Personnel	<input type="checkbox"/> Non Volunteer Adult
Delegate's Name	Last	First	
Address	City/State/Zip		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Ethnic ID/Race (Choose from list below)			
<input type="checkbox"/> African-American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> No Response			
Special Accommodations: (Dietary Needs, etc)			
Emergency Contact and #:			
Cell Phone:		Home Phone:	
County:		Fax Number:	
Shirt: Circle size needed	S	M	L XL 2XL 3XL
First Timer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, I have been to SRVF at Rock Eagle before	
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you plan to drive to Rock Eagle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, your personal car?	<input type="checkbox"/> County/State Vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Could you provide transportation for additional volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No

2. Housing Information for Rock Eagle, September 30 - October 3

Rooming Preference: List specific individuals with whom you wish to be housed.
 Every effort will be made to accommodate your wishes.
 If you have no preference- leave blank.
 Cabin assignments are posted at the entrance gate of Rock Eagle Center and in cabins.
 If you have special housing needs, please contact Bill Heltemes at 352-846-0996 or whelteme@ufl.edu.

Payment must accompany registration.
 Make check **payable to your County Extension Office.**

All forms and Payment should be forwarded to your County Extension Office.

***Note:** if you are an active volunteer we will print your Florida Code of Conduct/Participation Record from 4-H Online Enrollment.

You will still need to complete and return the Georgia Health Form

1. Event Options: choose only one (please check deadlines)

Regular Full Time Delegate (Due by August 20th)	\$235	\$ _____
Regular Full Time Delegate (After August 20th)	\$285	\$ _____
Includes Rock Eagle meals and lodging September 30 to October 3 rd breakfast and conference shirt.		
Part Time Registration Fee, meals and lodging (call for details)		\$ _____
Early arrival - add additional costs to registration fees above		\$ _____
(Complete early arrival table and insert total above.)		
Total fee payable to Florida 4-H Foundation:		\$ _____

2. Early Arrival Fees:	
Wednesday Lunch – must present mean ticket	\$ 12
Wednesday Dinner - must present mean ticket	\$ 15
Wednesday Lodging	\$ 25
Thursday Breakfast - must present mean ticket	\$ 7
Thursday Lunch - must present mean ticket	\$ 12
Total early arrival fees (add to total on registration form above.	\$ _____

3. Enclosures

- Completed Georgia Health Form
- Florida Code of conduct/Participation Record
- Please print my Code of Conduct/Participation Record from Online Enrollment.
- Payment Check #

Georgia 4-H Medical Information & Release

Event or Activity Date of Event/Activity

Name: _____

Address: _____

City: _____ Zip _____

Phones: Home _____ Cell _____ Work _____

Date of Birth _____ Gender _____

Please list the names of two adults who may be contacted in case of emergency.

Name _____ Home Phone _____ Work/Cell Phone _____

Name _____ Home Phone _____ Work/Cell Phone _____

Medical Information

Name of Physician _____ Phone _____

Date of Last Physical Examination _____

Drug Allergies _____

Other Allergies _____

Describe any physical limitations

Describe any recent illness or injury _____

Is there a history of heart condition _____ diabetes _____ asthma _____ epilepsy _____
rheumatic fever _____

AGREEMENT:

I understand that should a health problem arise, my emergency contact will be notified but that if he or she can not 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 and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, water activities, hiking, as well as risks that are not foreseeable. 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, on my own behalf arising from or in any way connected with my participation in 4-H volunteer activities. 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 I am participating in the SRVF with my knowledge and consent. I have read and understand all of the above policies

Signature _____

Date _____