



2010 CITIZENSHIP WASHINGTON FOCUS

June 12-19, 2010

Provide the youth in your county the opportunity to become engulfed in our nation's capital. CWF delegates will learn about the democratic process, meet new people, see the sights of Washington D.C., meet Wyoming's U.S. Congressional Representatives, and experience our national government from a new perspective. This is an opportunity that should not be missed!

Who Can Go?

Wyoming 4-H members between the ages of 15 & 18 years old are eligible to go on this trip. Each county is responsible for selecting the delegates they would like to attend.

Chaperones

A Wyoming 4-H Educator will be selected to chaperone the group to Washington D.C. We will also need additional adult volunteers (male or female) to serve as chaperones for the trip. Please understand that there are only limited funds available to cover the expenses for adult volunteers selected to be chaperones.

This trip features tours, nighttime events, as well as some physically demanding activities! Make sure you are prepared for the excitement!

Financial Information

This trip costs approximately \$1,200-\$1,500 for each delegate/chaperone depending upon airfare, conference registration, and other necessary travel arrangements. We will know the actual cost closer to March 1, 2010.

The primary donor for this trip is **Tri-State Generation & Transmission** for those counties in which they serve.

A **\$300 deposit will be due on February 26, 2010** to the Wyoming State 4-H Foundation and is non-refundable. The remaining balance (minus any donor funds available) will be due May 1, 2010.

- After the airline tickets are purchased, the individual is responsible for all non-refundable expenses of the trip.
 - FAA security regulations require that all ticket holders present a picture ID. Only the person whose name is on the ticket will be allowed to use that ticket. Once purchased, tickets cannot be changed in any way. If a change is necessary, a new ticket will have to be purchased and the old one cannot be used.

Note: All delegates are expected to travel with the delegation to and from Washington, D.C. - *no exceptions*. Before contracts are signed, please make sure the youth from your county make sure they do not have any conflicts with the dates of this trip.

CWF 2010

Tentative Schedule of Events

	Activity	Dress Code	Location
Sunday			
3:00-5:00 p.m.	Check In/Registration	C	(JC Penney)
5:30-6:30 p.m.	Dinner	C	(Clover Café)
6:30-7:00 p.m.	Welcome to Washington	C	(Aiton)
7:00-7:30 p.m.	Bus Driver Meeting	C	(Schruben)
7:00-8:15 p.m.	Citizen Tool Box Workshop/Adult meeting	C	(Workshop)
8:20-9:15 p.m.	Committee Meeting	C	(Committee)
9:15-10:15p.m.	Pin Trade & Social	C	(Ohio)
10:15-10:45p.m.	Delegation Huddles	C	(Delegation)
11:00 p.m.	Curfew-In Your Own Room		
Monday			
7:00-8:00 a.m.	Breakfast	C	(Clover Café)
8:00 a.m.-12:00 p.m.	Mount Vernon	BC	
12:45-1:45 p.m.	Lunch	C	(Clover Café)
1:45-3:00	Congressional Issues Workshop	C	(Workshop)
3:05-4:30	Committee Meeting	C	(Committee)
4:30-5:00	Talent Show Auditions	C	(Aiton)
5:00-5:30	Keynote Speaker	C	(Aiton)
5:30-6:30 p.m.	Dinner	C	(Clover Café)
6:30-10:30 p.m.	Nightview of Washington D.C. (Big Three, WWII, Thomas Jefferson)	C	
10:30-11:00 p.m.	Delegation Huddles	C	(on bus)
11:00 p.m.	Curfew-In Your Own Room		
Tuesday			
7:00-8:00 a.m.	Breakfast	C	(Clover Café)
8:00-12:00 p.m.	Iwo Jima/Arlington/FDR	BC	
12:30-1:30 p.m.	Lunch	C	(Clover Café)
1:30-3:00 p.m.	Bill Writing Workshop		
3:05-4:15 p.m.	Committee/Adult Meeting (Government Committee creates final bills)	C	(Committee)
4:15-5:00 p.m.	Derby	VC	(Front Lawn)
5:15-6:30	Town Hall		
6:30-7:30 p.m.	Dinner	C	(Aiton)
7:30-9:00 p.m.	Action Plan	C	(Delegation)
9:00-10:00 p.m.	Capitol Hill Orientation	C	(Delegation)
10:00-11:00 p.m.	Free Time	C	
11:00 p.m.	Curfew-In Your Own Room		
Wednesday			
7:00-8:00 a.m.	Breakfast	CWF	(Clover Café)
8:30 a.m.-6:30 p.m.	Capitol Hill Day	CWF	
	<i>*Arrangements made by group</i>		
	<i>*Lunch on your own</i>		
	<i>*Dinner on your own</i>		
	<i>* A Union Station Voucher will be given to each participant for either lunch or dinner</i>		

7:00-9:00 p.m.	Twilight Tattoo/Air Force Band <i>(Weeks 6 and 7 will go to the Air Force Memorial instead of Twilight Tattoo)</i>	CWF	(Fort McNair)
9:30-10:00 p.m.	Delegation Huddle	C	(Delegation)
11:00 p.m.	Curfew-In Your Own Room		
Thursday			
7:00-8:00 a.m.	Breakfast		(Clover Café)
8:30-9:15 a.m.	Strategy Workshop	C	(Workshop)
9:15- 11:45 p.m.	National Cathedral/Zoo <i>(weeks not able to go to Cathedral, will go to Zoo)</i>	BC/C for Zoo	
12:00- 1:00 p.m	Lunch	C	(Clover Café)
1:00- 2:30 p.m	Congressional Session	C	(Aiton)
2:35 - 3:45 p.m.	Committee Meeting/Adult Meeting	C	(Committee)
3:45-5:00 p.m.	Free time	C	
5:00-11:00 p.m.	Cultural Heritage Evening <i>*Arrangements made by group</i> <i>*Dinner on your own</i>	D	
11:00 p.m.	Curfew-In Your Own Room		
Friday			
7:30-8:30 a.m.	Breakfast	C	(Clover Café)
9:00 a.m.-5:00 p.m.	Delegation Day <i>*Arrangements made by group</i> <i>*Lunch on your own</i>	C	
5:30-6:30 p.m.	Dinner	C	(Clover Café)
6:30-7:15 p.m.	Delegation Wrap Up	C	(Delegation)
7:30-8:30 p.m.	Talent Show	C	(Aiton)
8:30-9:00 p.m.	Closing Ceremony	C	(Aiton)
9:00-11:00 p.m.	Dance	C	(Ohio)
11:00 p.m.	Curfew-In Your Own Room		
Saturday			
7:00-9:00 a.m.	Breakfast	C	(Clover Café)
9:00 a.m.	Check Out		

CITIZENSHIP WASHINGTON FOCUS FINANCIAL CONTRACT

June 12-19, 2010

NAME: _____ COUNTY: _____

Email Address: _____ Shirt Size: S M L XL XXL

Return by **February 26, 2010** to: Wyoming State 4-H Office, Attn: Lindsey Moniz
1000 East University Ave., Dept. 3354
Laramie, WY 82071

Questions? Phone: 307.766.3430 Email: lmoniz@uwyo.edu

I, _____, understand that by signing this contract I am committing
(name as it should appear on airline ticket)
myself to attend Citizenship Washington Focus (CWF) as a Wyoming delegate.

I understand that \$300 (payable to: Wyoming State 4-H Foundation) of this year's CWF costs must accompany this contract and that this \$300 is non-refundable. I agree to pay the balance of the trip costs, minus available donor funds, by May 1.

I further understand that should I decide not to attend Citizenship Washington Focus between February 26 and May 1, my parents/guardians and I will be held responsible for the total cost of any non-refundable expenses incurred for the trip and one-half of the total remaining cost. Should I decide not to attend Citizenship Washington Focus after May 1, my parents/guardians and I will be responsible for the total cost of the trip.

I understand that I will travel with the Wyoming CWF delegation to and from Washington, D.C. and failure to submit a signed contract and the trip payments by the indicated deadlines will automatically delete my name from the participant list.

Delegate's Signature

Date

Delegate's Street Address

Delegate's Phone Number

City, State & Zip

Concurrence by parent/guardian

I have read and understand the above contract and agree to the provisions as stated.

Parent/Guardian Signature _____ Date _____

Plan ahead before you sign. FAA security regulations require that all ticket holders have a picture ID. Only the person whose name is on the ticket will be allowed to use that ticket.

The most convenient airport for the entire delegation will be chosen. Either the airport in Salt Lake City, UT or Denver, CO will be used. Transportation to and from the airport is the delegate's responsibility.

Code of Conduct

Participant Name: _____

I hereby agree to attend Citizenship Washington Focus, participate fully in all sessions and abide by the established rules.

Specific rules include, but may not necessarily be limited to the following:

- Quiet is to be observed in sleeping room areas after specified times each night. All participants are to be in their own rooms at such time. During other hours, boys and girls may not be in the same sleeping room.
- The use of alcohol, tobacco, or illegal drugs is not permitted.
- All participants shall show respect for the property and facilities used during this event and assume financial responsibility for any damages they cause.
- All participants are responsible for attending all scheduled activities during the event. Any unauthorized absence is not permitted.
- All participants should have respect and courtesy for programs and speakers in progress by remaining for the entire program and show courtesy when taking flash photos during speeches and entertainment.

If I break this agreement or my conduct is not satisfactory to the conference center staff, I understand that I can be sent home early and will be responsible for paying any costs incurred for this transportation. I also may be asked to return all funds expended on my behalf for my involvement in this event. I understand that I may not be eligible to participate in future activities of this sort, either at the national, state, or local level.

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Media and Information Release

Participant Name: _____

I give to the National 4-H Youth Conference Center and National 4-H Council, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Participant's Signature: _____ **Date:** _____

Consent of parent or legal guardian if above individual is a minor:

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Name: _____ **Relationship:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Questions? Contact Jeunice Salita-Lim:

Jeunice Salita-Lim
Program Planner
7100 Connecticut Avenue
Chevy Chase, MD 20815
301-961-2892
jsalita@fourhcouncil.edu

Health and Emergency Information (Part 1)

Participant Last Name: _____ First Name: _____

Emergency Contact Information (include parent or guardian):

Contact #1:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Contact #2:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency, I (We) hereby authorize designated representatives of the Citizenship Washington Focus program to consent on my behalf to medical treatment and/or hospital care as advised and deemed necessary by emergency medical staff, physicians or surgeons. I (We) also understand that all financial obligations incurred, if not covered by insurance, will be my responsibility.

Additionally, I (We) have also read and noted that in case of emergency while attending Citizenship Washington Focus, participants may be contacted as follows:

Delegate's Name

CWF Week 7

National 4-H Youth Conference Center

7100 Connecticut Avenue

Chevy Chase, MD 20815

Phone: (301) 961-2801.

I (We) agree that this participant can safely attend Citizenship Washington Focus.

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Participant Name: _____

Date of last flu shot: _____ Date of last tetanus booster: _____

Please indicate “yes” or “no” for each of the following. If “yes” enter details indicating diagnosis, date of illness, name of hospital, length of hospitalization, name of doctor, and any other pertinent information.

	Yes	No
Nervous or Psychological Problems such as epilepsy, emotional stress, convulsions, loss of consciousness, dizziness, paralysis, frequent anxiety, excessive crying.	<input type="checkbox"/>	<input type="checkbox"/>
Lung Disease Asthma, blood spitting, persistent cough, tuberculosis, abnormal chest x-rays.	<input type="checkbox"/>	<input type="checkbox"/>
Disease of Heart or Blood Vessels, increased or abnormal blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Stomach or Intestinal Trouble Ulcers, gall bladder or liver disorder, jaundice, hernia, colitis	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis, Diabetes, Kidney or Bladder Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever or Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to Medicines (including penicillin, tetanus)	<input type="checkbox"/>	<input type="checkbox"/>
Impaired site or hearing, chronic ear infections	<input type="checkbox"/>	<input type="checkbox"/>
Recent surgical operations, accidents or injuries	<input type="checkbox"/>	<input type="checkbox"/>
Been a patient in a hospital (other than a recent surgical operation)	<input type="checkbox"/>	<input type="checkbox"/>
Any infectious disease or contact within the past two months	<input type="checkbox"/>	<input type="checkbox"/>
Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to Foods (please be sure to notify 4-H staff of special dietary needs)	<input type="checkbox"/>	<input type="checkbox"/>
Under on-going care of a physician for chronic or recurring problem	<input type="checkbox"/>	<input type="checkbox"/>

Currently taking medicines (list names and doses)

Please list any special assistance needed, such as dietary or accessibility restrictions:

Contact Jeunice Salita-Lim with questions:

Jeunice Salita-Lim
Program Planner
7100 Connecticut Avenue
Chevy Chase, MD 20815
301-961-2892
jsalita@fourhcouncil.edu

Event

County

HEALTH STATEMENT AND MEDICAL RELEASE

To be filled out by parent or guardian prior to event. Member **MUST** bring this statement to registration.

Delegate's Name _____ Address _____

City _____ Zip _____ Age _____ Male Female

Parent (or Guardian) _____ Phone _____

If parents are not available in case of an emergency, notify:

Name _____ Phone _____

The member was last examined by a physician (give approximate date):

Month _____ Year _____

Did member have any of the following conditions within the past week? (Mark with X)

Sore Throat _____ Head Cold _____ Chest Cold _____ Diarrhea _____ Other _____

Has the member been exposed to communicable disease within the last two weeks?

Yes _____ No _____ Name of Disease _____

HEALTH HISTORY - The above delegate has:

Diabetes	_____	Mononucleosis	_____
Rheumatic Fever	_____	(within year)	_____
Allergies:		Hepatitis	_____
a. food	_____	Migraines	_____
b. respiratory	_____	Hypoglycemia	_____
(specify			
c. medicines	_____		

Other diseases or details of above: _____

The physician has advised:

a. to limit physical exercise	No _____	Yes _____	Explain _____
b. to use a special diet	No _____	Yes _____	Explain _____
c. to take or use special medication	No _____	Yes _____	Explain _____

Date of birth (if under 21) _____

In my capacity as _____
(mother, father, guardian)

I hereby grant permission for _____ to receive emergency medical care as a

delegate to _____ from _____ to _____
in the event such treatment is rendered, any charges may be at my expense.

Parent's Signature _____ Date _____



Dear Parent and Delegate:

The State 4-H Program is designed to provide exciting learning experiences for members. To insure a successful activity, the health, welfare, and participation of delegates, the following expectations must be adhered to.

Youth from a variety of backgrounds and home situations participate in the 4-H program in Wyoming. Because they represent our total 4-H program and 20,000 4-H members, we want to be sure we have common expectations. Parent or guardian and delegate are to read and discuss the following expectations and sign the final agreement prior to participation.

1. Be a "good citizen" at all times: respect for others and the property of others is good citizenship. Delegates should conduct themselves as intelligent, responsible and sufficiently mature individuals at all times. Respect the rights of others (listen, hear speakers at assemblies and workshops, etc.).
2. Participate in all scheduled activities of the program. Adequate free time and sleep time have been planned. Therefore, you should have time and energy for the scheduled activities on the program.
3. Delegates are not to leave the event without consulting with both County and Activity Coordinator as well as informing Headquarters.
4. Delegates are to maintain "In Dorm" and "Quiet Hours" as assigned for the program.
5. Delegates are expected to be prompt to all events, and in honoring "In Dorm" guidelines.
6. Delegates are expected to wear their name badges to all program events.
7. Use of, or possession of alcoholic beverages, tobacco products, drugs, or other controlled substances is prohibited at 4-H activities.
8. Parents or guardian shall designate a chaperone as supervisor and contact during times other than educational sessions.

Delegates and Parents are asked to review the above and sign the following agreement.

We understand that certain guidelines are necessary in order for all delegates to have an enjoyable and educational experience. We further understand that failure to abide by these guidelines will result in immediate dismissal from this event and/or a restriction of our participation in Wyoming 4-H programs in the future. The 4-H staff member in charge of the event will have the right to send home any delegate who does not live up to the rules as stated above. That staff member may consult with county coordinator, Extension Educator, or council member to determine what action is necessary.

We have read and understand the above expectations governing our participation in
We agree that these expectations are reasonable and will abide by them.

Parent or Guardian Signature _____ Date _____

Delegates' Signature _____ Date _____

Name of Chaperone _____ Date _____

STATEMENT OF ASSUMED RISK

The University of Wyoming recognizes 4-H as a means of providing participants with educational experiences and activities which are designed to meet the needs and interest of young people, and enable the participants to learn skills, make friends, and develop self-confidence and self-reliance. Although the University provides assistance and support to the individual 4-H clubs throughout the state, often volunteer supervisors from the local community are utilized to organize and coordinate the 4-H activities designed to teach the participants these skills. All new learning experiences can involve some risk of personal injury. It is the policy of the University that the parent/guardian of the young person understand the potential risks associated with their child's participation in 4-H and its activities.

I, the parent/guardian of a 4-H participant, acknowledge that I understand the risks of my child's participation in 4-H and its activities may include, but are not limited to, sprained muscles, broken bones, injury to other body parts of functions, death or serious bodily injury. I understand that the dangers and risks of participating in 4-H, 4-H travel and 4-H activities may result in not only serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Issued in furtherance of Cooperative Extension Work, acts of May 8 and June 30, 1914 in cooperation with the U.S. Department of Agriculture, Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Laramie 82071.

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, national origin, sex, age, religion, political belief, disability, veteran status, sexual orientation, and marital or familial status.