

Looking



BACK TO THE FUTURE™

during 4-H CREATIVITY DAYS

Join us during your school break,
when we will be putting a modern spin on crafts from long ago.

FEB 20



WEAVING: Our forefather recycled everything. Old clothing was cut up and turned into beautiful quilts and rag rugs. During this class we will learn the science, history and future of weaving. Participants will all make a small rug frame and weave a pot holder from scrap fabrics. TIME 9-3PM (Please bring a hammer to class)

LUNCH PROVIDED Ziti, salad

AGES 9-13+

FEB 21

FUN & FOOD FROM THE 50'S

Not the 1950's the 1850's....4-H Members Paige Snell and Whitney Semans have planned a full day of events starting in the morning with Butter Making ,Colorful Toy Spinner, Soap Carving (Thank-you Hannafords for the carving kits) and Decoupage Quilting, in the afternoon TIME 9-3PM (Wear old clothes and shoes)

LUNCH PROVIDED Pizza, salad

AGES 9-13+

FEB 22



BATIK : Lory van Lieshout from the Leatherstocking Decorative Artists will teach a modern interpretation of this ancient art form using 'Hot' wax on rice paper. TIME 9-3PM (Wear old clothes and shoes)

LUNCH PROVIDED TBA

AGES 13+ Limit 16

NAME _____

ADDRESS _____

PHONE # _____

PARENT NAME _____

PLEASE CIRCLE
WHICH DAYS YOUR CHILD WILL ATTEND

FEB 20
Weaving

FEB 21
50's Fun

FEB 22
Batik



Cornell University
Cooperative Extension of Oneida County
121 Second St. Oriskany, NY 13424
P: 315-736-3394 F:315-736-2580

"Cornell Cooperative Extension provides equal program and employment opportunities"

Held here at the
Cornell Cooperative Extension 736-3394
Registration Deadline Feb 15,2011

\$25 Per day for Enrolled 4-Hers
\$30 per day per child for the public

Please make checks payable to:
Cornell Cooperative Extension
Attn Lynette S Kay
121 Second St
Oriskany, New York 13424

PLEASE WEAR OLD CLOTHES AND SHOES FOR THESE ACTIVITIES

CORNELL COOPERATIVE EXTENSION
Event Enrollment Form

Please Print:

Name _____ Date of Birth _____
 Address _____
 Activity _____ Date(s) _____ Location(s) _____
 Activity Director _____

Medical History

Check any and all that apply to your child: _____
 Illnesses _____ Date of Last Tetanus Booster _____
 Allergies _____
 Ear Infections _____ Hay Fever _____
 Rheumatic Fever _____ Insect stings _____
 Convulsions _____ Ivy Poisonings _____
 Diabetes _____ Penicillin _____
 Other (specify) _____ Other (specify) _____

Current prescribed medication (specify) _____

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs or has allergies.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____
 Identification/Policy # _____
 Family Physician's Name and Phone Number _____

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.

I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in Animal Science activities and my child's participation in said activity and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

I understand that that my child(ren) will not be released to any person(s) not listed on the reverse of this form without advance written notice from the parent/guardian.

Signature _____ Date _____
 Parent or Guardian

OVER FOR PARENT INFORMATION

1. PARENT INFORMATION: PLEASE SPECIFY FIRST, SECOND CONTACT

| | |
|---------------------------|---------------------------|
| FATHER | MOTHER |
| NAME _____ | NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| PHONE # _____ HOME: _____ | PHONE # _____ HOME: _____ |
| WORK: _____ | WORK: _____ |
| CELL: _____ | CELL: _____ |

3. In case the above person(s) cannot be contacted, notify (close relative or neighbor):

| | |
|---------------|---------------------------|
| NAME _____ | RELATIONSHIP _____ |
| ADDRESS _____ | PHONE # _____ HOME: _____ |
| | WORK: _____ |
| | CELL: _____ |

| | |
|---------------|---------------------------|
| NAME _____ | RELATIONSHIP _____ |
| ADDRESS _____ | PHONE # _____ HOME: _____ |
| | WORK: _____ |
| | CELL: _____ |

My Child(ren) may be released from this event to the following people: _____

ANY OTHER CONCERNS OR INFORMATION: _____

This form is required for each child participating at 4-H events. Copies may be made of this form if needed.