



COLORADO STATE UNIVERSITY
EXTENSION

Arapahoe County Extension Office
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Date: November 28, 2017

To: Arapahoe County 4-H Members (Ages 14 – 18)

From: 
Shaylen R. Florez
4-H Program Coordinator

RE: 2018 4-H Leadership Development Conference

Attached is the information on the 4-H Leadership Development Conference, which is held in Denver each year. This year it is at the Denver Renaissance Hotel, 3801 Quebec Street, Denver. It will be held on Saturday, January 27 to Monday, January 29.

4-H Members attending must register, stay at the Renaissance Hotel and attend all conference youth events. It is mandatory that you stay at the hotel for the event. I will make the hotel reservations. The cost of the rooms will be approximately **\$115** a night and that does not include tax.

Meals are the responsibility of each individual except for Saturday Banquet, Sunday morning breakfast, and Monday breakfast.

The Arapahoe County 4-H Foundation will pay \$30.00 of the registration fee for members who attend this Conference for the first time and total registration fees for Senators and Alternate Senators. Everyone attending the entire conference must include the **\$160** registration. Reimbursement of fees will be made after the Conference. **This does not include the cost of the hotel room.** The lodging fees for members and chaperones are not covered by the Arapahoe County 4-H Foundation because the Conference is being held in the Denver Metro Area.

You can register on 4-Honline from 12/04/17 - 1/2/18 for Arapahoe County. Late registrations will NOT be accepted. If you have questions, please contact Shaylen Florez. You will need to be an enrolled member in order to register for the conference. Please make sure that payment is sent to Arapahoe County CSU Extension Office, 6934 S. Lima St., Suite B, Centennial, CO 80112 by **1/5/18**. Checks will need to be made out to the Arapahoe County 4-H Foundation.

A Health Form is attached for those attending the entire conference and must be returned with payment. You do not need a Doctor's signature. Also, a Code of Conduct information sheet is provided.

Thanks.

Tentative Schedule of Events

4-H Grows... Leadership

Friday, January 26, 2018

Noon - 3:00pm	State Officers arrive at Renaissance Hotel
3:30pm - 5:00pm	State 4-H Officer Session Planning

Saturday, January 27, 2018

11:00am - 12:30pm	LDC registration – Boulder Creek Foyer (same as last year)
12:30pm - 2:00pm	Get-To-Know You/Ice Breakers – Ballrooms
2:00pm - 2:30pm	Introductions/Rules/Schedule/Community Service – Ballrooms
2:45pm - 3:15pm	District Meetings – See Box
3:30pm - 4:30pm	Senate Meeting – Ballrooms
4:45pm - 5:45pm	General Session 1 – Speaker – Ballrooms
6:30pm - 8:30pm	Banquet – Ballrooms
9:00pm - 11:15pm	Dance – Ballrooms
	Movie – TBA
11:30pm	Curfew

Sunday, January 28, 2018

8:00am - 9:00am	Breakfast – Ballrooms
9:15am - 10:00am	Breakout Session 1 – See Box
10:00am - 11:00am	Agent/Leader Training – TBA
10:15am - 11:00am	Breakout Session 2 – See Box
11:00am - 1:00pm	Lunch - Ballrooms
1:00pm - 1:45pm	General Session 2 – See Box
2:00pm - 3:00pm	Breakout Session 3 (Final Prep) – See Box
2:00pm - 4:30pm	Agent/Leader Training – TBA
3:30pm - 5:30pm	General Session 3 – Ballrooms
5:30pm - 8:30pm	County Night Out
8:30pm - 11:00pm	Dance – Ballroom
	Movie – TBA
11:15 pm	Curfew

Monday, January 29, 2018

7:00am - 8:00am	Breakfast – Ballrooms
10:00am	4-H Proclamation in the Senate and House

To make reservations for tours of the Capitol, please contact the tour desk at (303) 866 2604

NOTE:

We need to be cleared out of all meeting rooms on Sunday evening.



Health Registration Form

Name of Event: _____ Date of event: _____

Legal Name: _____ Birth date: _____

Home Address: _____ Phone: _____

City: _____ State: CO Zip: _____

Parent's or Guardian's Name: _____

Street address: _____ Phone: _____
(if different from child's)

City: _____ State: CO Zip: _____ Cell Phone: _____

Place of employment: _____ Phone: _____

If neither parent or guardian can be located, in case of emergency call: _____
(include name and phone number)

Persons designated to take child from event: _____
(include name, address and phone if not listed above)

Persons not permitted to take child from event: _____

Do you have any medical condition that may limit your ability to participate in this event without accommodation? If so, please explain the nature of your condition and any accommodation requested. Do you have any allergies, or drug reactions or special dietary needs we should be aware of? If so, please explain:

Youth must have had a physical examination within the preceding 24 months by a licensed physician or a licensed nurse practitioner. The event has the right to refuse admission of a youth who does not have examination verification.

Date of last physical examination: _____

Physician's Name: _____ Phone: _____

Attach Colorado Certificate of Immunization or complete the following:

Vaccine

Month/year immunization was given

Diphtheria-Tetanus-Pertussis (DTP or baby shots)
or
Tetanus-Diphtheria (TD)

Polio

Measles (hard, red)

Rubella (German measles)

Mumps

Other

Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions:

Authorization for medical care: I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy #: _____

Subscriber Name and address: _____

Parent's or Guardian's signature: _____ Date: _____