

Family Military Information

- ☐ I am serving in the military
- ☐ I have a parent serving
- ☐ I have a parent retired from military
- ☐ I have a parent who served in military
- ☐ I have a sibling serving in military
- ☐ No one in my family is serving

Branch of Service

- ☐ Air Force ☐ Army ☐ Coast Guard
- ☐ DOD Civilian ☐ Marines
- ☐ Navy ☐ N/A

Branch Component

- ☐ Active Duty ☐ National Guard
- ☐ Reserves ☐ N/A

Youth Survey and Evaluation Acknowledgment

As a participant in Michigan State University Extension 4-H programs, your child may be provided with a survey or evaluation to help determine if a 4-H experience met their goal, was effective, or had the intended impact. There are times when youth may be asked about their knowledge about a content area or topic before a 4-H experience and then asked again at the completion of an experience. Surveys and evaluations are confidential, completely voluntary, and typically take no more than 10 minutes to complete. If you or your child does not wish to participate in a survey or evaluation, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in 4-H experience surveys or evaluations, it is your responsibility to discuss this preference with the youth participant and prepare them to indicate this to volunteers or staff.

- ☐ I acknowledge that my child may be asked to participate in a 4-H experience survey or evaluation by signing below.

Parent/Guardian Signature: _____

Date: _____ (Participant must sign if over 18)

Youth Medical Authorization Release

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

- ☐ I Agree, Parent/Guardian Signature: _____

(Participant must sign if over 18)

Youth Media Release

I authorize Michigan State University and MSU Extension to record my child's image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audios, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

- ☐ I Agree, Parent/Guardian Signature _____

_____, Date: _____

Participant must sign if over 18.

- ☐ I Disagree, Parent/Guardian Signature: _____

_____, Date: _____

Participant must sign if over 18.

Delta County 4-H



SPIN Clubs



Sewing Up a Storm Introductory Course

Spend some time learning basic machine sewing skills while creating several useful projects.

Youth ages 9-15

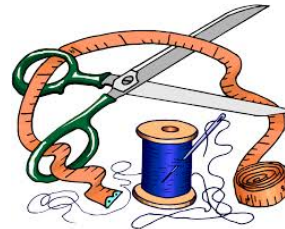
Cost \$ \$12



MSU Extension Office

2840 College Avenue, Escanaba **4:00 - 5:30 PM**

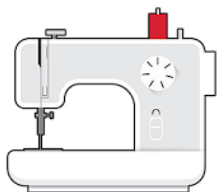
Tuesdays & Wednesday
October 22nd, 23rd, 29th, 30th
November 5th, 6th



Space is limited- Register Early
Registration Deadline: October 18th



Sewing Up A Storm SPIN CLUB **Introductory Course**



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MSU Extension Office
2840 College Avenue, Escanaba

Time: 4:00- 5:30 PM

Dates: Tuesdays and Wednesdays

October 22nd, 23rd, 29th, 30th

November 5th, 6th

MICHIGAN STATE
UNIVERSITY
EXTENSION

MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

Persons with disabilities have the right to request and receive reasonable accommodations.

For more information about these and other 4-H programs, contact MSU Extension 906-786-3032

Sewing Up a Storm Registration Form

Please complete this form (front & back)

and return with payment to:

Sewing Up a Storm-MSU Extension

2840 College Ave

Escanaba MI 49829

Make checks payable to: Delta County 4-H Council

Name: _____

Address: _____

Phone: _____ Grade: _____ Gender : ☐Female ☐Male
☐ Gender identity not listed
☐ Prefer not to respond

Age: _____ Birth date: _____ School: _____

Current 4-H member?* ☒ Yes _____ No

(name of 4-H Club) SPIN CLUB Sewing Up A Storm

Parent/Guardian Information

Name: _____

E-mail: _____

Cell Phone: _____ Work Phone: _____

Participant Information:

Ethnicity (Optional, Select one) **Race** (Optional, select all that apply)

☐ Not Hispanic

☐ White ☐ Black ☐ Asian

☐ Hispanic

☐ Hawaiian/Pacific Islander

☐ Prefer not to state

☐ American Indian/Alaskan Native

☐ Other combinations

☐ Prefer not to state

Residence: ☐ Farm ☐ Town <10,000 ☐ Town >10,000
☐ Suburb >50,000 ☐ City >50,000

**Please sign consents on the back of this form
and return with payment.**