

FUSION

after school gathering for middle school students

WHAT IS FUSION?

Fusion is a FREE after school gathering for middle school students in Red Wing. We meet on most Tuesdays during the school year from 3:00-5:00pm at First Covenant Church (across the street from Twin Bluff Middle School). Fusion is a collaboration of multiple organizations including Goodhue County 4-H, First Covenant Church, Red Wing Youth Outreach, and Every Hand Joined to provide a safe place for students to hang out after school, build friendships with caring adults, and have opportunities to develop various life skills.

WHAT HAPPENS AT FUSION?

After school, students are invited to walk over to First Covenant and check in at the door. Then join us downstairs for hangtime where students have the option to play in our full-size gym or gather around many of the games in our youth room (which includes carpetball, ping pong, foosball, Xbox, Wii, board games, etc)! There is also a tutor on site to help with homework and a café to purchase an afternoon snack where everything is \$0.75!

Fusion also provides elective opportunities for students to participate called Learning Experiences. Some of these learning experiences include a small engine class, baking/cooking class, art classes, outdoor adventure experiences, sports camps, field trips to the Goodhue County Historical Society, and more! You must pre-register for these learning experiences either online at the website below or through our learning experience kiosk at Fusion. Learning experiences are not required, but highly recommended! See website for more details and to register!

GET REGISTERED!

4-H, a locally lead youth development program from the University of Minnesota handles all of our registrations, as well as background checks and training of our volunteers. If you have questions about their role in the partnership, I encourage you to contact Aly Kloeckner (the 4-H Program Coordinator for Goodhue County) at schw1348@umn.edu. By registering, your student can zip through the check in lines and is also given access to tons of other opportunities through 4-H programming and events.

TO REGISTER >> Complete the attached form and have your student bring it with to the next Fusion event -or- mail it to First Covenant Church (2302 Twin Bluff Road, Red Wing).

I, as well as the many amazing volunteers who have joined our Fusion team, are so excited to get to being an encouragement and support for your middle school student! If you have any questions about Fusion, please don't hesitate to contact me! Otherwise, I hope to see you next time!

Mike Bechtold
Associate Pastor
First Covenant Church

**Follow us on Facebook or visit our website
for more info at www.redwingfirstcov.org/rwfusion**


County: Goodhue
Club/Event: Fusion After School Program
Year: 2019-2020

Participant Full Name			
School Grade	Birth Date	Legal Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity (optional)

Parent/Guardian Full Name	Email address	Phone Number <input type="checkbox"/> Allow Texting?
Mailing Address		City, State, Zip
2nd Parent/Guardian Full Name	Email address	Phone Number <input type="checkbox"/> Allow Texting?
Mailing Address (if different from above)		City, State, Zip

Emergency Contact (non-parent/guardian)	Relationship to participant	Phone Number
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Does this individual have any health information that program staff should know in order to maximize participation and ensure safety and well-being?

Does this individual have any specific dietary needs, or allergies or reactions to drugs or things in nature?

Please help us better understand the youth we reach through 4-H. Your responses will be kept confidential.

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> I prefer not to provide this information
Is this the first time anyone in your family has been involved in 4-H?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household income for the last 12 months:	Highest education level of any parent/guardian in the household:
<input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$75,000 - \$99,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$100,000 and over <input type="checkbox"/> \$35,000 - \$44,999 <input type="checkbox"/> I prefer not to provide this information <input type="checkbox"/> \$45,000 - \$49,999	<input type="checkbox"/> Elementary/primary school <input type="checkbox"/> College or university graduation (two or four year degree completion) <input type="checkbox"/> Middle school <input type="checkbox"/> Graduate/professional <input type="checkbox"/> Partial high school <input type="checkbox"/> I prefer not to provide this information <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Not applicable or unknown <input type="checkbox"/> Some college, including vocational/technical



Authorization Statements

Student Name: _____

County: Goodhue

- **Code of Conduct.** We have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) Code of Conduct for Youth AND Code of Conduct for Parents including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct will result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by University of Minnesota Extension 4-H Youth Development. (NOTE: The Minnesota 4-H Code of Conduct is also available online at <http://z.umn.edu/4hpolicies> or as a printed copy from the County Extension Office.)

- **Medical Authorization.** If an injury or illness develops during an activity or event, medical care will be provided and parent/guardian will be notified as soon as possible. We/ I authorize each of the following: (a) the health history and medical information I have provided is correct and the member has permission to engage in all program activities as noted. We/I understand that it is our responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which the member intends to participate; (b) if an injury or other medical condition occurs or arises, We/I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) We/I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) We/I understand that we are financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.

- **Transportation Consent.** I give permission for my minor child to be transported in a motor vehicle to and from 4-H activities for all events during the 4-H Year. Group transportation is not required for participation in 4-H activities and I understand that I can provide transportation for my child if I wish. I understand that my child is expected to follow all applicable rules for riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult supervisors or volunteers. I have read, understand, and discussed with my child that they (i) will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling; (ii) are expected to respect the vehicle they ride in and the people they travel with during the trip; and (iii) are to remain in their seats and not be disruptive to the driver of the vehicle. I recognize that activities involving motor vehicle transportation may pose a risk of personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects. I have been advised of the potential risks, I have full knowledge of the risks involved, and assume any expenses that may be incurred in the event of an accident, illness, or injury, whether I have authorized such expenses or not.

- **Media Release.** We/I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of members and/or their property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. We/I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration. (NOTE: For information on opting out of the photo release, contact local Extension staff: <http://www.extension.umn.edu/local>)

- **Privacy Statement.** The contact and health information requested on the Member Enrollment Form and Authorization Sheet is private. The information will be used as necessary to assist the member in the event of an emergency, to help ensure safe participation by the member in 4-H programs, and to provide information to the member about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared within 4-H and the University of Minnesota for the uses described above and may be released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law. (NOTE: Minnesota 4-H limits information posted online to first name, last name, parent/guardian names, grade, club, county and point of participation (event title, placing, awards, etc.))

- **Waiver and Release.** Furthermore, We/I agree that all activities and use of all facilities relating to participation in 4-H activities, including transportation to and from such activities, shall be undertaken at the sole risk of the member/family and that Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and we/I do hereby expressly forever release, discharge, and hold harmless Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Minnesota, any 4-H program, their servants, agents, or employees. We/I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

By signing below, the parent/guardian agrees that the information included with this enrollment is complete and accurate; the parent/guardian also agrees to each of the above statements on his or her own behalf and on behalf of the member; the member, if eighteen years or older, agrees, on his or her own behalf, that the information included with this enrollment is complete and accurate and to each of the above statements; the member, if under eighteen years old, agrees to abide by the Code of Conduct.

Member Signature (required if over 18)

Date

Parent/guardian Signature (required)

Date

Parent/guardian Signature

Date