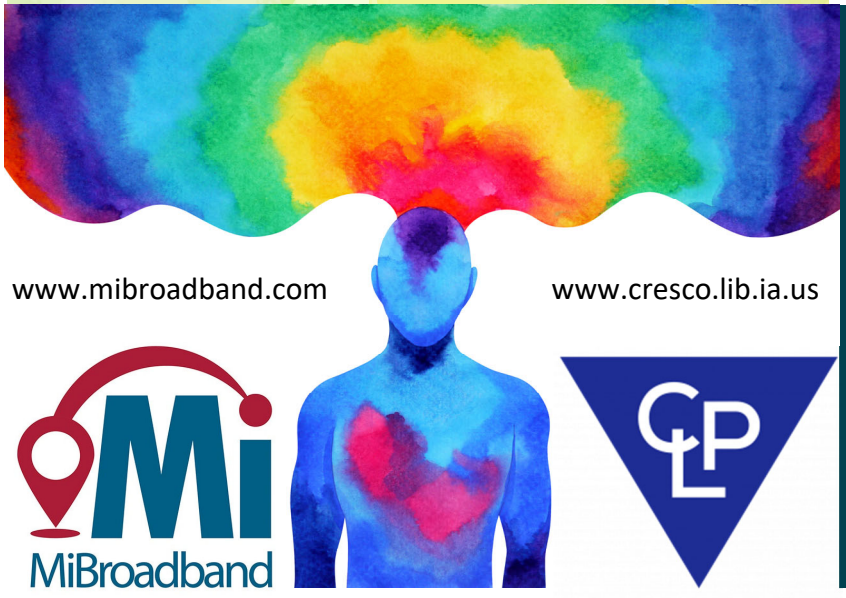
MINDFUL TEEN:
FROM SURVIVING TO THRIVING

Engaging 6-session series about practical strategies to manage stress, difficult emotions, & help improve overall well-being, relationships, and performance in school, sports, the arts, & other daily activities.

WEDNESDAYS, SEPTEMBER 17 TO OCTOBER 22
6:00-7:30PM
At Cresco Public Library



GRADES 7-12
Space is limited.
Register by Wednesday, September 10
Sponsored by MiBroadband

Join us for a meal at 6 PM followed by The Mindful Teen workshop for youth and a guest speaker session for adults.

IOWA STATE UNIVERSITY
Extension and Outreach

4-H FUELS WELLNESS

Dear Parent/Guardian,

Iowa 4-H is the K-12 positive youth development program of Iowa State University Extension and Outreach. We are excited to share new programming with your child and other youth that will help them better cope with and thrive among the many stressors and pressures as an adolescent. All areas of well-being, including mental and physical, are connected and important. **Our goal is that they will gain useful skills and "tools" to apply in their daily life to improve their overall well-being now and in their future!**

The youth participants will be learning about the concept of mindfulness through an interactive workshop series based on the book, ***The Mindful Teen: Powerful Skills to Help You Handle Stress One Moment at a Time*** by Dzung X. Vo. They will each receive this book along with a journal for reflection and practice.

Mindfulness is about maintaining a present-moment awareness of our thoughts, feelings, physical sensations, and surrounding environment without judgment. They will learn a variety of practices that research shows, if done regularly, will:

- Develop better focus and concentration
- Improve self-regulation and self-awareness, including impulsive behavior
- Increase compassion and empathy toward self and others
- Decrease stress, anxiety, and/or depression
- Create a sense of calm and improve sleep
- Improve self-esteem
- Improve performance in school and extracurricular activities
- Help create more positive relationships

Following each lesson, they will be asked to share something they have learned with a friend, peer, or family member. **We encourage you to ask them questions and learn along with them – the benefits of mindfulness are just as helpful for adults!**

We are **grateful for this opportunity** to help youth develop a healthy, positive lifestyle with the support of you and the caring adult workshop facilitator. In addition, if you or your child would like to learn more about **other fun 4-H experiences** such as clubs, afterschool programs, camps, retreats, trips, and other workshops in a variety of interest areas, you are welcome to contact your local county Extension office.

As part of this program, we would like to welcome parents and guardians of participating youth to join us for a meal before each lesson. Dinner will be served from **6:00 to 6:30 PM**, providing a chance to connect before the evening's activities. Following the meal, youth will participate in **The Mindful Teen** series. While they are engaged in this session, we invite adults to stay for a **special learning opportunity** led by guest speakers on topics relevant to families and youth development. We hope you'll join us for this enriching experience and look forward to seeing you there!

Wellness to you and yours,

Camilla Schlosser

Camilla Schlosser, Howard County Youth Coordinator – ISU Extension & Outreach

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Mindful Teen Registration Form

Please complete all registration pages. Return to the Howard County Extension office or Cresco Public Library by Wednesday September 10, 2025.

Participant Name: _____

Does your child require an accommodation for a disability to participate? Yes No
If yes, what accommodations?
_____

How many total people from your household will be attending the meal (including youth and adults)? This helps us plan for food. 1 2 3

Please check appropriate response:
_____ I will pick my child up at the end of the program.
_____ I give permission for my child to walk home after this program.
_____ My child will be picked up by: _____

Dear Parent/Guardian
Iowa 4-H programs are open to everyone. This information is report in aggregate and not tied to a specific participant. This information will be shared with the United States Department of Agriculture (USDA). Iowa and USDA use this information to comply with Civil Rights laws.

What is the young person's gender identity?
☐ Male (boy)
☐ Female (girl)
☐ Their gender identity is not listed
☐ I don't want to answer

Which of the following best describes the young person's residence?
☐ Farm
☐ Rural (population under 10,000)
☐ Town (population 10,000-50,000)
☐ Suburb of City (population 50,000+)
☐ Central Cities (population 50,000+)

Which of the following best describes the young person's ethnicity?
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Which of the following best describes the young person's race?
☐ Asian
☐ Black or African American
☐ Native American
☐ Native Hawaiian/Other Pacific Islander
☐ White or Caucasian
☐ More than one race
☐ I don't know

Military
☐ No one in my family is serving in the military
☐ I have a parent serving in the military
☐ I have a sibling serving in the military

Howard County Extension & Outreach
132 First Avenue West
Cresco, Iowa 52136

Iowa 4-H Medical Information/Release Form
(Non 4-H Club Members - Youth)

_____ Year

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____ Grade ____ School Name _____

Permanent Address _____ Date of Birth _____ Gender _____

City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First	Backup Contact (Relative or Friend)
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Office Number _____
Name of Dentist _____	Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. ☐ Yes** ☐ No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. _____

** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____

Address _____ Relation to Participant _____

City, State, Zip _____ Occupation _____

P.H.'s Employer's Name/Address _____

_____

Insurance Company Name _____

Policy # _____ Plan # _____

HEALTH INFORMATION *(Please Print)*

Does the child have any of the following conditions or a history of any of the following conditions? (***Check all that apply***.)

☐ Asthma	☐ Bronchitis	☐ Fainting Spells
☐ Diabetes	☐ Ear Infections	☐ Heart or cardio-vascular problems/disease
☐ Convulsions/seizure	☐ Hay Fever	☐ Chronic bone, muscle or joint injuries
☐ Migraine headaches	☐ Other condition(s): (Please list)_____	

Allergies or reactions: (***Check all that apply.***)

☐ Aspirin ☐ Penicillin ☐ Dairy ☐ Gluten ☐ Peanuts

☐ Insect bites or stings ☐ Ivy/oak/sumac toxins ☐ Other (list) _____

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

_____

_____

Date of last tetanus shot (*approximate if necessary*):_____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT
It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

_____ _____
Participant Signature Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*
The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.)

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION
The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader. _____initial _____date

TRANSPORTATION
I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: (***Check all that apply.***)

☐ My child to ride with any adult volunteer driver.
☐ My child to ride with an authorized adult volunteer driver who has completed an MVR check.
☐ My child to ride in another youth's (18 or younger) vehicle to 4-H activities.
☐ My child to drive his/her vehicle to 4-H activities or events.
☐ My child to transport other 4-H participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____initial _____date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)
I give permission for _____ to participate in the 4-H program. I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

_____ _____
Parent or Guardian Signature Date

(Must be signed by the parent or guardian if the participant is under 18 years old)

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