



4-H Trip Deviation Form

Before making alternative travel arrangements, parents/guardians must complete and submit this required form at least 10 calendar days prior to the start of a South Dakota (SD) 4-H sponsored event/trip when a youth wishes/needs to deviate from the posted schedule. The approval of this timely submitted request form is subject to the decision of the event coordinator(s), state events team and/or the State 4-H Office.

Since the purpose of SD4-H events/trips is to provide intensive learning activities, all registered youth should plan to participate fully and remain with the group for the duration of the event/trip. However, the State 4-H Office understands that youth and their families are busy and the summer months in particular are tightly scheduled with many opportunities. When possible, the State 4-H Office wants to cooperate with youth and their families; we have created this form and established an approval process for handling requests to deviate from posted schedules for 4-H sponsored events/trips. Please understand that:

- Many of the costs associated with the SD4-H events/trips are based upon the number of registrations; the State 4-H Office cannot reduce individual youth registration fees for tuition, transportation, meals or lodging. In addition, event/trip expenses associated with recruiting SD4-H chaperones are fixed once youth participation rosters are finalized.
- Chaperones are responsible for keeping track of the youth under their supervision during an event/trip. When an individual youth deviates from the group's schedule, there is additional risk because chaperone resources are stretched thin.

Youth's Name (First & Last): _____

Event/Trip Affected: _____ Date(s) of the Deviation: _____

Time Range of the Deviation: _____ Reason for Requesting the Deviation: _____

In detail, please explain the deviation you're requesting to the schedule itinerary for this event/trip:

Alternative Travel Arrangements Details

Mode(s) of Travel (Please check all that apply)

Private

Auto

Commercial

Airline

Other

Public Carrier

Time of Arrival: _____

Location: _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's: Cell Phone _____ Email Address: _____

Youth's: Cell Phone _____ Email Address: _____

State 4-H Office Use Only

Date Form Received _____ Date Parent/Guardian Contacted _____

Date Lead Chaperone Contacted _____ Program Leader Approval (Initials/Date) _____

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