



**UNIVERSITY OF CALIFORNIA**  
Agriculture and Natural Resources

4-H Youth Development Program

## 2021-2022 4-H ENROLLMENT FEE PAYMENT SCHEDULE:

### Payment options:

- **CASH/CHECK DISCOUNT** -Pay directly to your 4-H community club leader.
- **ON-LINE payment survey** (<https://ucanr.edu/survey/survey.cfm?surveynumber=27930>) **system!**
  - - Additional \$10 processing fee will apply for credit card transactions.
- **PayPal App.** use "sbc4hcouncil@gmail.com as payee."
  - Add an additional \$10 processing fee to your credit card transactions payment.

### FIRST TIME 4-H YOUTH MEMBERSHIP (New 4-H membership)

- Paid within 30 days of registration = \$75
- If paid after 30 days of registration -see payment schedule below for month.

### RETURNING YOUTH MEMBER ENROLLMENT FEE (cash/check discount)

- Early Clover Special: July 1st - September 30th = \$75
- Fall Clover: October 1st - November 30th = \$85
- Late Clover: Enrollment: December 1st to June 30th = \$95

### RETURNING YOUTH MEMBER ENROLLMENT FEES (with credit card processing fee)

- Early Clover Special: July 1st - September 30th = \$85
- Fall Clover: October 1st - November 30th = \$95
- Late Clover: December 1st to June 30th = \$105

### NEW & RETURNING ADULT LEADERS ENROLLMENT FEE:

- Cash/check discount = \$30.00
- Credit card payment = \$40.00

Fee waiver assistance is available for families to cover the 4-H enrollment in financial need. A family will need to complete the [4-H fee waiver form](#). After completing the 4-H fee waiver form, turn it into your 4-H community club leader or 4-H office staff.

*Just a reminder to all youth, parents and leaders. A 4-H member needs to be in good standing to be eligible to show livestock at the county fairs and state fair! A member in good standing is current 4-H enrollment, 4-H registration paid, minimum of 6 hours completed in project plus 80% of the additional meeting required by project leader, members APR (Annual Project Report) completed.*

The University of California Division of Agriculture & Natural Resources (UCANR) is an equal opportunity provider. (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/215244.pdf> ) Inquiries regarding ANR's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1343



## 4-H Youth Member Paper Enrollment Form

(PAGE RETAINED BY THE MEMBER)

### Youth are eligible to participate in 4-H if they meet the following criteria:

- **Primary Member** - Must be 5 years old by December 31 of the program year. Primary members cannot enroll in large animal and other prohibited projects in the California 4-H Project List. Youth enrolling who turn nine on or after January 1st must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old by December 31 of the program year and may continue in the program until December 31<sup>st</sup> of the calendar year in which they become 19 years of age.

### 4-H Youth Member Enrollment Process – when Paper Form submitted

Throughout the enrollment packet, fields with an asterisk (\*) do require a response. Submitting an incomplete packet will delay the enrollment process.

1. Complete all forms of the 4-H Youth Member enrollment form packet. Submit full packet to County 4-H office.
2. Parent/Guardian of youth member keeps the following pages:
  - a. 4-H Youth Member Enrollment Form Information
  - b. Member Code of Conduct
  - c. Parent, Guardian, or Adult Participant Code of Conduct
  - d. Photograph & Information Release
  - e. Animal Liability Release
3. Parent/Guardian of youth member also submits copy of the following documents to 4-H Club/Unit Leader:
  - a. 4-H Youth Member Enrollment Form with signatures (also retained by County 4-H Office)
  - b. Youth Treatment Authorization & Health History Form (retained by 4-H Club/Unit Leader)
4. Provide fee payment with submission of paper enrollment forms to the 4-H Club/Unit Leader. Leader will confirm payment with County 4-H Office.
5. County 4-H Office will enter the enrollment record for the youth into 4hOnline using submitted signed paper forms.
6. 4-H Club/Unit Leader will retain the Treatment Authorization & Health History Form.
7. County 4-H Staff will verify receipt of required forms. When enrollment record is approved, 4hOnline status will show as Active and youth may participate in 4-H activities.
8. County 4-H Staff will coordinate invoicing the 4-H Club/Unit Leader for portion of enrollment fees collected by state and county. (Frequency determined by County 4-H Office)

*In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office. The base full enrollment fee for youth is \$62 (\$24 goes to State fee costs). Each county will establish their county fee and any additional club or VMO fees, which be greater than base fee. \*Short-Term enrollment fees are half the full rate (base of \$31, and \$12 to State). See 4-H Delivery Mode matrix for details.*

	Full Fee	Short-Term Only Fee	<b>4-H Club/Unit Leader</b>	<b>County 4-H Office</b> University of California Cooperative Extension
State 4-H Accident/Sickness Insurance and Program Fees*	\$	\$		
County 4-H Program Fees*	\$	\$		
Council/VMO Fees*	\$	\$		
4-H Club/Unit Program Fees*	\$	\$		
<b>Total</b>	<b>\$</b>	<b>\$</b>		
*Refunds are not applicable to all fees. Contact County 4-H Office for details.				



## 4-H Youth Member Paper Enrollment Form Information

(PAGE RETAINED BY THE MEMBER)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu).

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnicity information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and gender information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, gender, race, ethnicity, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the University of California, Division of Agriculture and Natural Resources (UC ANR) is prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, status as a U.S. veteran and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and American Sign Language) contact the ADA Coordinator, UC ANR Building, 2801 Second Street, Davis, CA 95618. (Phone: 530-750-1317, email: [daritz@ucanr.edu](mailto:daritz@ucanr.edu) or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint with the USDA, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling (866) 632- 9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or (2) Fax: (833) 256-1665 or (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). The University of California, Division of Agriculture and Natural Resources (UC ANR) is an equal opportunity provider.

Alternatively, a program discrimination complaint may be filed with the UC Harassment & Discrimination Assistance and Prevention Program (HDAPP) by email [hdapp@ucdavis.edu](mailto:hdapp@ucdavis.edu) or phone: 530-304-3864; or contact the UC ANR Title IX Coordinator at (530) 752-9466.

University policy is intended to be consistent with the provisions of applicable State and Federal laws.

Inquiries regarding the University's nondiscrimination policies may be directed to: UC ANR, Interim Affirmative Action Compliance Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1280. Email: [tljordan@ucanr.edu](mailto:tljordan@ucanr.edu).

Website: [http://ucanr.edu/sites/anrstaff/Diversity/Affirmative\\_Action/](http://ucanr.edu/sites/anrstaff/Diversity/Affirmative_Action/).



**4-H Youth Member Paper Enrollment Form – Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER)

\*County: \_\_\_\_\_

**Complete questions below ONLY if you are enrolling in a new club or county:**

What county did you last enroll in? \_\_\_\_\_

What is the name of the last club you were in enrolled in? \_\_\_\_\_

**Family**

*Last Name	_____	Family email must be used for 4hOnline login and 4-H State Newsletter will be sent here also (unless member email is different, then both will receive).
*Phone	_____	
*Address	_____	
*City, State, Zip	_____	
Email	_____	

**Member Information**

*First Name	_____	Middle Name	_____
Preferred Name (e.g. nickname)	_____	*Last Name	_____
*Birth Date	_____	Phone	_____
Email	_____	Years in 4-H	_____

**\*Gender:**

Female   
  Male   
  Nonbinary   
  Gender Identity Not Listed   
  Prefer Not to Respond

**\*Grade:**

**\*Residence**

Farm (Rural area where agricultural products are sold)   
  Suburb of city more than 50,000  
 Town under 10,000 and rural non-farm   
  Central city more than 50,000  
 Town/City 10,000 – 50,000 and its suburbs

**\*Ethnicity**

**Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one response must be selected for Ethnicity.**

Are you of Hispanic or Latino ethnicity?   
 Yes   
 No   
 Prefer Not to State

**Hispanic**                      A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**\*Race**                      (If 'No' or 'Prefer Not to State' is selected for Ethnicity, at least one option below must be selected.)

What is your race?	Please select all categories that apply.
<input type="checkbox"/> <b>American Indian or Alaskan Native</b>	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/> <b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> <b>Black or African American</b>	A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> <b>Race Not Listed</b>	Race(s) not listed in the options provided.
<input type="checkbox"/> <b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> <b>Prefer Not to State</b>	



**4-H Youth Member Paper Enrollment Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER)

**Emergency Contact Information - (Must be an adult other than Parent/Guardian)**

\*First & Last

Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**\*4-H Club/Unit \*Contact the County 4-H Office for a list of clubs and projects being offered this year to enroll in.**

Club Name	<b>Officer</b>
	<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Reporter <input type="checkbox"/> Communications <input type="checkbox"/> Sergeant-At- Arms <input type="checkbox"/> Vice <input type="checkbox"/> Secretary <input type="checkbox"/> Historian <input type="checkbox"/> Other Officer President

**\*Project**

Club/Unit Name	Project Name	Years in Project	Leadership Role
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader

**Parent/Guardian 1**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Phone \_\_\_\_\_ Work Ph., ext \_\_\_\_\_

**Parent/Guardian 2**

First Name \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ Work Ph. & Ext. \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**\*School Information**

County \_\_\_\_\_ District \_\_\_\_\_

School Name \_\_\_\_\_

Type  Public  Special Education  Homeschool / Alternative

Private  Vocational Education  Magnet / Specialized School

Charter  College

**\*Military Service**

No one in my family is serving in the military  I have a parent retired from the military

I have a family member serving in the military  I have a parent who served in the military

I have a family member retired from the military  I have a sibling serving in the military

I have a parent serving in the military

**\*Branch**

Air Force  Army  Coast Guard  DoD Civilian  Marines  Navy  Space Force

**\*Component**

Active Duty  National Guard  Reserves  Not Applicable

**\*County Newsletter Preference**

Postal  Email

Check box if:

Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria. If yes, you can apply for a reduction or waiver for your 4-H program fees. Please contact your county 4-H office regarding the request for waiver. (Reference: <https://www.fns.usda.gov/cn/income-eligibility-guidelines>)



**4-H Youth Member Paper Enrollment Form - Print all information clearly.**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Member and 4-H Parent, Guardian, or Adult Participant Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Treatment Authorization and Health History Form and Waiver of Liability must be renewed annually.

**\*Signature of Youth**

**Date**

**\*Signature of Parent/Guardian**

**Date**

**County Use Only**

County Use Only				
Member ID#	Authorizations	Date Received	Treatment Authorization and Health History	CASH OR CHECK# Fees Paid \$



**4-H Youth Member Paper Enrollment Form**

(PAGE RETAINED BY THE MEMBER)

**Youth are eligible to participate in 4-H if they meet the following criteria:**

- **Primary Member** - Must be 5 years old by December 31 of the program year. Primary members cannot enroll in large animal and other prohibited projects in the California 4-H Project List. Youth enrolling who turn nine on or after January 1st must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old by December 31 of the program year and may continue in the program until December 31<sup>st</sup> of the calendar year in which they become 19 years of age.

**4-H Youth Member Enrollment Process – when Paper Form submitted**

Throughout the enrollment packet, fields with an asterisk (\*) do require a response. Submitting an incomplete packet will delay the enrollment process.

1. Complete all forms of the 4-H Youth Member enrollment form packet. Submit full packet to County 4-H office.
2. Parent/Guardian of youth member keeps the following pages:
  - a. 4-H Youth Member Enrollment Form Information
  - b. Member Code of Conduct
  - c. Parent, Guardian, or Adult Participant Code of Conduct
  - d. Photograph & Information Release
  - e. Animal Liability Release
3. Parent/Guardian of youth member also submits copy of the following documents to 4-H Club/Unit Leader:
  - a. 4-H Youth Member Enrollment Form with signatures (also retained by County 4-H Office)
  - b. Youth Treatment Authorization & Health History Form (retained by 4-H Club/Unit Leader)
4. Provide fee payment with submission of paper enrollment forms to the 4-H Club/Unit Leader. Leader will confirm payment with County 4-H Office.
5. County 4-H Office will enter the enrollment record for the youth into 4hOnline using submitted signed paper forms.
6. 4-H Club/Unit Leader will retain the Treatment Authorization & Health History Form.
7. County 4-H Staff will verify receipt of required forms. When enrollment record is approved, 4hOnline status will show as Active and youth may participate in 4-H activities.
8. County 4-H Staff will coordinate invoicing the 4-H Club/Unit Leader for portion of enrollment fees collected by state and county. (Frequency determined by County 4-H Office)

*In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office. The base full enrollment fee for youth is \$62 (\$24 goes to State fee costs). Each county will establish their county fee and any additional club or VMO fees, which be greater than base fee. \*Short-Term enrollment fees are half the full rate (base of \$31, and \$12 to State). See 4-H Delivery Mode matrix for details.*

	Full Fee	Short-Term Only Fee	<b>4-H Club/Unit Leader</b>	<b>County 4-H Office</b> University of California Cooperative Extension
State 4-H Accident/Sickness Insurance and Program Fees*	\$	\$		
County 4-H Program Fees*	\$	\$		
Council/VMO Fees*	\$	\$		
4-H Club/Unit Program Fees*	\$	\$		
<b>Total</b>	<b>\$</b>	<b>\$</b>		

\*Refunds are not applicable to all fees. Contact County 4-H Office for details.



## 4-H Youth Member Paper Enrollment Form Information

(PAGE RETAINED BY THE MEMBER)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu).

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnicity information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and gender information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, gender, race, ethnicity, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the University of California, Division of Agriculture and Natural Resources (UC ANR) is prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, status as a U.S. veteran and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) contact the ADA Coordinator, UC ANR Building, 2801 Second Street, Davis, CA 95618. (Phone: 530-750-1317, email: [daritz@ucanr.edu](mailto:daritz@ucanr.edu) or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint with the USDA, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling (866) 632- 9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or (2) Fax: (833) 256-1665 or (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). The University of California, Division of Agriculture and Natural Resources (UC ANR) is an equal opportunity provider.

Alternatively, a program discrimination complaint may be filed with the UC Harassment & Discrimination Assistance and Prevention Program (HDAPP) by email [hdapp@ucdavis.edu](mailto:hdapp@ucdavis.edu) or phone: 530-304-3864; or contact the UC ANR Title IX Coordinator at (530) 752-9466.

University policy is intended to be consistent with the provisions of applicable State and Federal laws.

Inquiries regarding the University's nondiscrimination policies may be directed to: UC ANR, Interim Affirmative Action Compliance Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1280. Email: [tjordan@ucanr.edu](mailto:tjordan@ucanr.edu).

Website: [http://ucanr.edu/sites/anrstaff/Diversity/Affirmative\\_Action/](http://ucanr.edu/sites/anrstaff/Diversity/Affirmative_Action/).





**4-H Youth Member Paper Enrollment Form – Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER)

\*County: \_\_\_\_\_

**Complete questions below ONLY if you are enrolling in a new club or county:**

What county did you last enroll in? \_\_\_\_\_

What is the name of the last club you were in enrolled in? \_\_\_\_\_

**Family**

*Last Name	_____	Family email must be used for 4hOnline login and 4-H State Newsletter will be sent here also (unless member email is different, then both will receive).
*Phone	_____	
*Address	_____	
*City, State, Zip	_____	
Email	_____	

**Member Information**

*First Name	_____	Middle Name	_____
Preferred Name (e.g. nickname)	_____	*Last Name	_____
*Birth Date	_____	Phone	_____
Email	_____	Years in 4-H	_____

**\*Gender:**

Female     Male     Nonbinary     Gender Identity Not Listed     Prefer Not to Respond

**\*Grade:**

\_\_\_\_\_

**\*Residence**

Farm (Rural area where agricultural products are sold)     Suburb of city more than 50,000  
 Town under 10,000 and rural non-farm     Central city more than 50,000  
 Town/City 10,000 – 50,000 and its suburbs

**\*Ethnicity**

**Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one response must be selected for Ethnicity.**

Are you of Hispanic or Latino ethnicity?     Yes     No     Prefer Not to State

**Hispanic**    A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**\*Race (If 'No' or 'Prefer Not to State' is selected for Ethnicity, at least one option below must be selected.)**

What is your race?	Please select all categories that apply.
<input type="checkbox"/> <b>American Indian or Alaskan Native</b>	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/> <b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> <b>Black or African American</b>	A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> <b>Race Not Listed</b>	Race(s) not listed in the options provided.
<input type="checkbox"/> <b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> <b>Prefer Not to State</b>	



**4-H Youth Member Paper Enrollment Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER)

**Emergency Contact Information - (Must be an adult other than Parent/Guardian)**

\*First & Last

Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**\*4-H Club/Unit \*Contact the County 4-H Office for a list of clubs and projects being offered this year to enroll in.**

Club Name	<b>Officer</b>
	<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Reporter <input type="checkbox"/> Communications <input type="checkbox"/> Sergeant-At- Arms <input type="checkbox"/> Vice <input type="checkbox"/> Secretary <input type="checkbox"/> Historian <input type="checkbox"/> Other Officer President

**\*Project**

Club/Unit Name	Project Name	Years in Project	Leadership Role
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader

**Parent/Guardian 1**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Phone \_\_\_\_\_ Work Ph., ext \_\_\_\_\_

**Parent/Guardian 2**

First Name \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ Work Ph.& Ext. \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**\*School Information**

County \_\_\_\_\_ District \_\_\_\_\_

School Name \_\_\_\_\_

Type \_\_\_\_\_

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> Public  | <input type="checkbox"/> Special Education    | <input type="checkbox"/> Homeschool / Alternative    |
| <input type="checkbox"/> Private | <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Magnet / Specialized School |
|                                  | <input type="checkbox"/> Charter              | <input type="checkbox"/> College                     |

**\*Military Service**

- |   |   |
|---|---|
| <input type="checkbox"/> No one in my family is serving in the military   | <input type="checkbox"/> I have a parent retired from the military  |
| <input type="checkbox"/> I have a family member serving in the military   | <input type="checkbox"/> I have a parent who served in the military |
| <input type="checkbox"/> I have a family member retired from the military | <input type="checkbox"/> I have a sibling serving in the military   |
| <input type="checkbox"/> I have a parent serving in the military          |   |

**\*Branch**

- Air Force     Army     Coast Guard     DoD Civilian     Marines     Navy     Space Force

**\*Component**

- Active Duty     National Guard     Reserves     Not Applicable

**\*County Newsletter Preference**

- Postal     Email

Check box if:  
Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria. If yes, you can apply for a reduction or waiver for your 4-H program fees. Please contact your county 4-H office regarding the request for waiver. (Reference: <https://www.fns.usda.gov/cn/income-eligibility-guidelines>)



**4-H Youth Member Paper Enrollment Form - Print all information clearly.**  
 (PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Member and 4-H Parent, Guardian, or Adult Participant Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Treatment Authorization and Health History Form and Waiver of Liability must be renewed annually.

**\*Signature of Youth**                      **Date**                      **\*Signature of Parent/Guardian**                      **Date**

**County Use Only**

County Use Only				
Member ID#	Authorizations	Date Received	Treatment Authorization and Health History	CASH OR CHECK# Fees Paid \$



**Health History Information - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)



\*Legal Last Name

\*Legal First Name



\*County

\*Date of Birth

**\*Allergies**

Does the participant have any allergies, including allergies to food, medications, and drug reactions?

Yes, details provided below  No

**\*Authorized Medications**

Please check over-the-counter medications that may be administered: (if available)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pain/fever reliever (ex. Tylenol)          | <input type="checkbox"/> Ibuprofen (ex. Advil)         | <input type="checkbox"/> Cough Suppressant |
| <input type="checkbox"/> Motion sickness/nausea medication          | <input type="checkbox"/> Allergy medication (Benadryl) | <input type="checkbox"/> Decongestant      |
| <input type="checkbox"/> Antacid                                    | <input type="checkbox"/> Antibiotic ointment           | <input type="checkbox"/> Anti-Itch Cream   |
| <input type="checkbox"/> Other: (Provided by parent/guardian) _____ |  |  |

\*Does the participant take any medications currently?  Yes, details provided below  No :

Name of Medication	Dosage	Times Taken

**\*Conditions**

Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being?  Yes, details provided below  No

**Vaccinations**

**Notice:** California 4-H YDP encourages healthy living, including preventive health care such as immunizations from diseases as recommended by the CA Department of Public Health, <https://www.cdph.ca.gov/>, and/or the Centers for Disease Control and Prevention. CA 4-H YDP does not ask for or collect information about youth member's or adult volunteers' vaccination history or status. As such, there is a potential that unvaccinated youth or adults may participate in 4-H programs. If you are concerned about the potential exposure to diseases, such as but not limited to: measles, polio, chicken pox, or COVID-19, please consult with your physician. For more information on childhood vaccinations, see <https://www.shotsforschool.org/k-12/>

**\*Remarks**

Does the participant need any additional assistance in order to participate in this program or activity?

Note: in some cases, a Doctor's note may be required to confirm the request.

Yes, details provided below  No

Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about? .

Yes, details provided below  No

Would you like to share any significant life or family events that will help us support the youth's current emotional state?

Yes, details provided below  No

Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?

Yes, details provided below  No

Are there any additional remarks and special instructions to better assist emergency service personnel?

Yes, details provided below  No



**Youth Treatment Authorization Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER PROGRAM YEAR)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

\_\_\_\_\_  
\*First Name

\*Last Name

\_\_\_\_\_  
Club/Unit Name

\_\_\_\_\_  
\*County and State

From: **July 1, 2021** to **December 31, 2022**

**PARENT(S)/GUARDIAN(S)**

\*First & Last Name

\_\_\_\_\_

\*Phone:

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

\*First & Last Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

\*Relationship:

\_\_\_\_\_

\*Phone:

\_\_\_\_\_

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in their absence or disability, any adult accompanying or assisting them, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes their activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

**\*AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.



---

## Parent Consent for 4-H Online Evaluation and Research Surveys

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE)

Please Note: The 4-H Online Surveys are open to youth ages 9 and above.

The California 4-H Youth Development Program (YDP) offers a high quality experience for young people based on the latest research on positive youth development. Information from the 4-H enrollment system and 4-H Online Surveys may be used to help us better understand young people and improve the 4-H YDP in California. Participation in surveys is voluntary and your child may participate in the 4-H YDP even if he/she does not participate in the research and program evaluation process linked to the surveys. Additionally, participants may decide to withdraw from the research and evaluation at any time and this will not affect their participation in the 4-H YDP. If you provide permission, information about your child from the 4-H enrollment system and 4-H Online Survey data may be used for research and program evaluation. There is no direct benefit to the participant; the information gained from the research may be used to help improve the program.

All survey and demographic information will be stored on a secure encrypted server with restricted access. Names and other identifying information will be removed from all files. Your child's participation will be kept confidential, and will not be identified in any publication or in any data files shared with other researchers. If you decide to withdrawal your child from the research all data will be withdrawn from the research database.

If you have questions, please contact the State 4-H Office at [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu) or (530) 750-1334. For questions about your rights while taking part in this study call the Institution Review Board at (916) 703-9167 or write to IRB Administration, CTSC Building, Suite 1400, Room 1429, 2921 Stockton Blvd., Sacramento, CA 95817. Information to help you understand research is on-line at:

<https://research.ucdavis.edu/policiescompliance/irb-admin/for-research-participants/>.

\*Parents with youth ages 9 and above, check one box below:

I give permission for my child's information from the 4-H enrollment system and 4-H surveys to be used for research and evaluation.

I do not give permission for my child's information from the 4-H enrollment system and 4-H surveys to be used for research and evaluation.



---

## Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

### I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Follow all health and safety requirements and guidelines related to 4-H activities, gatherings, projects, etc.
4. Use language that is respectful and kind. Not use curse words.
5. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
6. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
7. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
8. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
9. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.pdf>.
10. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
11. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

### While attending 4-H overnight events, I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

### Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.



## 4-H Parent, Guardian or Adult Participant Code of Conduct

(PAGE RETAINED BY THE 4-H MEMBER & PARENT/GUARDIAN)

**We appreciate the contributions that parents, guardians and other adult participants offer to the University of California Agriculture and Natural Resources 4-H Youth Development Program (UC ANR 4-H YDP) and the valuable link you provide to the successes of your child(ren) in the 4-H Youth Development Program (YDP). Regarding your participation and engagement with 4-H activities, you have the following rights and responsibilities.**

### Your Responsibilities:

1. Recognize, honor and uphold the responsibility and authority of the statewide and local program staff in setting program priorities, standards and direction.
2. Recognize, support, honor and uphold the responsibility and authority of 4-H adult volunteers in their work with youth to guide program planning, learning objectives and program implementation.
3. Follow all health and safety requirements and guidelines related to statewide program activities, gatherings, projects, etc.
4. Be committed to the mission, program trajectory, core values, educational goals, and quality standards of the statewide program.
5. Respect people (including oneself, other adults, volunteers, program personnel, youth and community members) and property of program participants and community members understanding that 4-H is a youth-driven program and as such, all endeavors are opportunities to learn.
6. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with other adults, 4-H adult volunteers, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved. Conflicts with and between youth members will be referred to the 4-H adult volunteer in charge.
7. Prohibit discrimination against or harassment of any person in any statewide program or statewide program activity. Report instances of harassment or discrimination on the basis of a protected class such as race, religion, sex, gender and disability to UC ANR personnel.
8. Understand and acknowledge that UC policy requires anyone who is driving on University business to maintain insurance coverage in at least the following amounts: \$50,000 for personal injury to, or death of, one person; \$100,000 for injury to, or death of, two or more persons in one accident; and \$50,000 for property damage. These limits are commonly referred to as: "50/100/50". These University minimums are higher than the State minimum insurance requirements of 15/30/5. If approved to drive on UC 4-H business, possess a valid California driver's license, ensure that all passengers use seat belts, and carry proof of the minimum automobile liability insurance required by UC.
9. Understand and agree that 4-H members and their families may be held liable for property damage or personal injuries that are caused by their property and should carry insurance. This may include incidents involving tools, equipment, vehicles, animals, etc. Some fairs require insurance. UC does not own or insure 4-H members' or volunteers' animals or personal property.
10. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#)).
11. Follow the [California 4-H Dress Guidelines](#) for yourself and 4-H member(s) for whom you are responsible when attending 4-H activities.

### Your Rights:

1. To be respected by 4-H, adult volunteers, and program personnel.
2. To be informed of any infraction of the Code of Conduct or 4-H Policy that may or does result in corrective action.
3. To make written complaints concerning statewide programs, policies or personnel as described in the Policy Handbook (see [4-H Policy Handbook](#)).





---

**4-H Parent, Guardian or Adult Participant Code of Conduct**  
(PAGE RETAINED BY THE 4-H MEMBER & PARENT/GUARDIAN)

**The following are prohibited when engaged in any UC ANR 4-H activity:**

1. Failure to act in a supportive and cooperative manner with program stakeholders, failure to adhere to the programmatic goals established by the program staff and/or failure to support UC ANR's Principles of Community.
2. Violation of the UC ANR 4-H Parent, Guardian or Adult Participant Code of Conduct.
3. Possession or use of alcohol, tobacco/tobacco products, e-cigarettes, marijuana/marijuana products, illegal drugs and/or other inappropriate materials (or to be under the influence thereof) when involved in 4-H program activities.
4. Use of abusive, obscene, discriminatory or racist language at any program activity including intentionally or unintentionally derogatory comments, slights, questions, jokes, memes, and shame that target individuals or groups on the basis of race, religion, gender, disability or other protected categories.
5. Acting in any manner that impedes, disrupts or prevents the regular course of 4-H program activities or impedes the constructive contribution of others to the 4-H program.
6. Attack or harassment of another person; whether visual, verbal, physical and/or using social media.
7. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
8. Private, one-on-one interactions with youth members at *any time*, both during program activities and outside of program activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
9. Behavior that is illegal, unsafe, or contrary to the UC commitment to the highest standards of ethics (see Regents Policy 1111).

**Consequences:**

All UC ANR parents, guardians, and other adult participants shall act in ways that promote and support program goals and do not conflict with statewide program policies and procedures. Infractions of this Parent, Guardian or Adult Participant Code of Conduct should be reported promptly by anyone observing them to program staff. The UCCE County Director may, if necessary, and with guidance from the Statewide Volunteer Coordinator, immediately bar, limit, suspend, or censor the participation of any parent, guardian or adult participant at 4-H YDP activities.

Further, the UCCE County Director may, if necessary in their sole judgment, waive any formal review process and immediately bar, limit, suspend, or censor a parent, guardian or adult participant if it is in the best interest of the program (e.g., a potential threat to public safety, receipt of notice that the parent is the subject of a criminal investigation, and/or other conditions that cannot be remedied with corrective action). In such instances, the decision of the UCCE County Director\* is final.

By receiving this document, I understand that I am expected to abide by the 4-H Parent, Guardian, or Adult Participant Code of Conduct. I understand that my involvement is contingent upon my compliance and that failure to comply may result in being barred, suspended, censored from 4-H activities.

\*When referring to regional (outside the authority of a single County Director) or state level infractions this authority extends to the Statewide 4-H Director.



(PAGE RETAINED BY THE 4-H MEMBER & PARENT/GUARDIAN)

## Photograph and Information Release

*"Releasees" in this agreement means The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), and Cooperative Extension, and their respective employees and volunteers.*

I hereby grant Releasees permission to use photographs of me in any of their publications, including websites, without payment or other consideration. I agree that these photographs will become the property of the Releasees. I agree that Releasees may edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing the Releasee's programs or for any other lawful purpose, and that I do not have a right to review or approve the finished photographs. I understand that I will not receive royalties or other compensation from the use of the photographs. I agree to hold harmless and release the Releasees from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I understand and agree that my permission and agreement cannot be cancelled or revoked.

## Animal Liability Release

*"Releasees" in this agreement means The Regents of the University of California, California 4-H Youth Development Program (4-H YDP), Cooperative Extension, and their respective employees and volunteers.*

I understand and agree that the University of California (UC) and the 4-H Youth Development Program (4-H YDP) does not own animals and is not liable for any damages, injuries, or claims that may be caused by or related to 4-H youth member's animals during the course of 4-H programs, events, or activities. UC and 4-H does not insure 4-H youth members' animals or personal property. 4-H youth members and their families may be liable for any injuries, damages, or claims caused by their animals and it is recommended they carry liability insurance on their animals. Some fairs or other organizations may require animal insurance to allow participation in their event and it is the 4-H youth member's and their family's responsibility to obtain insurance when required. I agree to hold harmless and release the Releasees from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have.



**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE)

\*Participant's  
Name

(Please Print)

\*Date of Birth

(If Minor)

\*County

\*Club/Unit

**Waiver:** In return for being permitted to participate in in-person and virtual (online) **California 4-H Youth Development Activities and Projects**, including associated use of the premises, facilities, staff, equipment, transportation, websites, online applications, digital resources, and services of the University, I, for myself, my heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of the University**, resulting in personal injury (including emotional injury or death), accidents or illnesses, and property loss, in connection with my participation in **California 4-H Youth Development Activities and Projects**.

**Identification and Acknowledgment of Risks**

Participation in in-person **California 4-H Youth Development Activities and Projects** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

I am of aware of and understand the risks and potential hazards connection with participating in virtual (online) **California 4-H Youth Development Activities and Projects**, including, but not limited to, the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, victimization, cyberstalking, online grooming, cyber predators, image replication, and/or exposure to disturbing sounds or visuals, and I hereby elect to voluntarily participate in virtual **California 4-H Youth Development Activities and Projects**, and engage in the activities knowing that they may be hazardous to me and my property.

**Video and Audio Recordings:** I understand that virtual **California 4-H Youth Development Activities and Projects** may be recorded for use by the instructor and other participants (particularly those who are not able to attend live). I agree that if I participate with a computer or mobile device camera engaged (or utilize a profile image), I hereby consent to have my video or image recorded. If I am unwilling to have my profile or video image recorded, I will ensure that my camera is disabled and that no profile image is used. Likewise, if I un-mute my computer or mobile device during The Activity and participate orally, I hereby consent to have my voice recorded. If I am unwilling to have my voice recorded, I will ensure that my computer or mobile device is muted and I will communicate exclusively using the "chat" feature.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising out of my involvement in **California 4-H Youth Development Activities and Projects**, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the courts of the State of California.



**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE)

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

*(If the Participant is a minor)* I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS (IN-PERSON AND VIRTUAL) INCLUDING, BUT NOT LIMITED TO: PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.**