



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 projects. 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 31st of the calendar year in which they become 19 years of age.

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

1. Complete all forms of the 4-H Youth Member enrollment form packet.
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
3. Parent/Guardian of youth member submits the following documents to 4-H Club/Unit Leader:
 - a. 4-H Youth Member Enrollment Form with signatures (retained by County 4-H Office)
 - b. Parent Consent for 4-H Online Evaluation and Research Surveys (retained by County 4-H Office)
 - c. Waiver of Liability (retained by County 4-H Office)
 - d. 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
5. 4-H Club/Unit Leader or Enrollment Coordinator 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. 4-H Club/Unit Leader will submit all other signed enrollment forms to the County 4-H Office.
8. 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.
9. County 4-H Staff will invoice the 4-H Club Leader for enrollment. (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.

State 4-H Accident/Sickness Insurance and Program Fees*	\$20.00
County 4-H Program Fees*	\$
4-H Club/Unit Program Fees*	\$
Total	\$

*Refunds are not applicable to all fees.

4-H Club/Unit Leader	County 4-H Office
	University of California Cooperative Extension



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 as well as other non-confidential personal information 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.

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. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex 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, sex, ethnic information, 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.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities 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, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618-7774, titleixdiscrimination@ucanr.edu, (530) 750-1343.



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. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.pdf>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. 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.



Photograph and Information Release

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

"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.



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. Be committed to the core values, educational goals, and quality standards of the statewide program.
4. Respect and safeguard the individual rights, talents, safety, and property of program participants—understanding that 4-H is a youth-driven program and as such, all endeavors are opportunities to learn.
5. 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 youth members will be referred to the 4-H adult volunteer in charge.
6. Prohibit discrimination against or harassment of any person engaged in 4-H YDP activities (see [UC ANR Nondiscrimination and Affirmative Action Policy](#)).
7. 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.
8. Understand and agree that 4-H members and their families are liable for any injuries or damages caused by their animals and should carry insurance on their animals. Some fairs require insurance. UC does not own or insure 4-H members' or volunteers' animals or personal property.
9. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#)).
10. 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 other adults, adult volunteers, youth members and program staff.
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](#)).



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

1. Actions that are non-supportive and uncooperative with 4-H adult volunteers and personnel, and/or 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. 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.
5. Use of abusive, obscene and discriminatory language, while at activities, or aimed at 4-H members, other adults, adult volunteers, program staff and/or other UC personnel at any time.
6. Attack or harassment of another person; whether visual, verbal, physical and/or using social media.
7. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
8. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
9. 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.
10. Behavior that is illegal, unsafe, or contrary to the highest standard 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.



Parent Consent for 4-H Online Evaluation and Research Surveys

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER 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 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.



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER 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 **California 4-H Youth Development Activities and Projects**, including associated use of the premises, facilities, staff, equipment, transportation, 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 death), accidents or illnesses, and property loss, in connection with my participation in **California 4-H Youth Development Activities and Projects**.

Assumption of Risks: Participation in **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.

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 them for any such expenses incurred.

Severability: The 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.

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 by 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 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.



Youth Treatment Authorization Form - Print all information clearly.

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

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

From: **July 1, 2020** to **December 31, 2021**

County and State

PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other

Phone:

Cell Phone:

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

First & Last Name: _____ Home/Work/Other Phone: _____

Relationship: _____ Cell 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 his/her absence or disability, any adult accompanying or assisting him/her, 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 his/her 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.

Date

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.

Date

Signature of Parent/Guardian

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. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

 / /

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination: _____ Not Sure None

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

Other: (Provided by parent/guardian) _____

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need 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	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.



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)

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? _____

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

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 _____
Email* _____

Member Information

First Name _____ Email* _____
Last Name _____ Years in 4-H _____
Address _____ City, State, _____
Zip _____
Birth Date _____ Gender _____ Male _____ Female _____
Primary Phone _____ Cell Phone _____

Parent/Guardian 1

First Name _____ Cell Phone _____
Last Name _____ Work Ph., ext. _____

Parent/Guardian 2

First Name _____ Cell Phone _____
Last Name _____ Work Ph. Ext. _____
Email _____ Home Phone _____
Address _____ City, State, Zip _____

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

First & Last Name: _____ Home/work/other _____
Phone: _____
Relationship: _____ Cell Phone: _____

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

Are you of Hispanic ethnicity? Yes No

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

Race

What is your race? **(If No is selected for Ethnicity, at least one option below must be selected.)**
Please select all categories that apply.
 American Indian or Alaskan Native 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.

Asian 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.

Black or African American A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Prefer Not to State



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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

Military Service

No one in my family is serving in 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

Component

Active Duty National Guard Reserves

School Information

Grade _____	School Name _____
County _____	District _____
Type	<input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> Special Education <input type="checkbox"/> Homeschool / Alternative <input type="checkbox"/> Private School <input type="checkbox"/> Vocational Education <input type="checkbox"/> Magnet / Specialized School

County Newsletter Preference

Postal Email Sign-Up for State Electronic Newsletter

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>)

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

Club Name	Officer	<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

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