



4-H Member Enrollment Form



County _____ 4-H Club (s) _____ New Enrollment

Last Name _____ First Name _____ MI _____ Re-Enrollment

Address _____ City _____ Zip _____ Youth Leader

Cell Phone _____ Primary Phone _____ Years in 4-H _____ Gender: Male Female

School _____ Birth Date _____ Grade _____

Receive newsletter via email Email _____

Parent 1

Last Name _____ First Name _____ Legal Guardian

Address _____ City _____ Zip _____ Send Mailing

Home # _____ Work # _____ Cell # _____

E-mail _____ Occupation _____

Parent 2

Last Name _____ First Name _____ Legal Guardian

Address _____ City _____ Zip _____ Send Mailing

Home # _____ Work # _____ Cell # _____

E-mail _____ Occupation _____

Ethnicity Hispanic Non Hispanic **Race** White Black Alaskan/Am Indian

Hawaiian/Pac. Island Asian Prefer Not to State

Residence Farm Rural/10,000 Town/10,000-50,000 Suburb/50,000 City/50,000

Military

Are you a military family? Yes No What Branch? _____ Reserve or Guard? _____

Projects

For more projects, please attach additional page.

Project Name	Year in Project	Is Project Manual Needed?	For Office Use Only

We have read and understand the 4-H enrollment rules, deadlines and requirements. We have read and agree to abide by the 4-H Code of Conduct on the back of this form.

Member's Signature Date

Parent or Guardian Signature (Required) Date

Organizational Leader Date



Colorado 4-H Code of Conduct

Name _____

County _____

Colorado 4-H members, leaders, parents and other adults participating in 4-H activities will:

- 1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and be a positive role model.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal and group responsibility for behavior, including any financial damage.
8. Adhere to rules of safety.

Consequences for violating any of these codes may include, but are not limited to: removal, at the individual's expense and without refund, from participation in the event in which the code of conduct has been violated; restitution or repayment of damages; sanctions from participation in future 4-H events; forfeiture of financial support for the event; removal from offices held; etc.

Age, offices held in the 4-H organization, presence of an adult or other perceived status are not grounds for behavior outside of established guidelines.

It is the responsibility of all program participants to enforce the code of conduct and intervene when necessary to enforce the rules.



Denial of Permission to Use My Photograph for Promotion

Colorado State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, individuals may want to deny this publicity. If you DO NOT want your picture used for certain promotional efforts, please fill out and sign the form below. If this form is not filled out, publicity about your participation may be used.

I, (name) _____ do hereby DENY permission for Colorado State University Extension and/or 4-H to use publicity information and/or photographs for (check one or both) _____ print and/or _____ Internet use of my participation in the following officially recognized activity or event - including its contest results and/or awards:

Name of Activity _____

Date of Activity _____

Signature _____

Date _____



ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

Participants Full Name: _____ for the current 4-H enrollment year beginning October 1 and ending September 30.

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. These risks may result in injury, death or damage to property. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, _____ County and their members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

READ, UNDERSTOOD AND AGREED TO THIS _____ DAY OF _____, 20____.

I, (printed name) _____, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

Signature of Parent or Legal Guardian _____

Date _____

Witness of Signature over 18 years of age _____

Date _____

**Colorado State University Extension
Adams County 4-H
MEDICAL AND LIABILITY RELEASE
(Members Only)**

Please complete this form for each 4-H member each enrollment year; *leaders do not need to complete this side*. It will stay on file in the Extension Office.

Name: _____

Parent's or Guardian's Name: _____

1) Is your child on medication? If so, please list types and dosage:

2) Is your child allergic to any medication? If so, please list types: _____

3) List any special health conditions:

4) Physician's Name: _____ Phone: (____) _____

5) American Income Life Insurance will cover up to \$1,500 for medical expenses and up to \$100 for dental expenses resulting from accidental injuries. Contact 4-H agent for more specifics; members receive this coverage with enrollment.

IN CASE OF EMERGENCY CONTACT: (List two just in case the first one cannot be contacted)

1) Name of Person _____ Relationship _____
City _____ Telephone (____) _____

2) Name of Person _____ Relationship _____
City _____ Telephone (____) _____

Authorization for medical care: I hereby give permission to Extension Staff or 4-H volunteers (leaders or chaperones) to call a doctor or emergency medical service for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that Extension Staff or 4-H volunteers (leaders or chaperones) will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate parent/guardian or emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Medical Insurance Company: _____ Policy # _____
(if no insurance is in force, please state "none")
Subscriber Name and Address: _____

Hold Harmless Release: In consideration of allowing my child, _____, to participate in the Adams County 4-H program, I assume all risks in connection with the activities involved and agree to release Adams County, Colorado State University, Extension and their employees, for any injury or damage which may befall _____ while he/she is participating in said activities whether foreseen or unforeseen. I hereby release Adams County, Colorado State University, Extension, and their employees, from any and all action, causes of action, claims, damages, cost, expenses, compensation, personal loss or any other loss or injury received or incurred by _____ during his/her participation in schedule 4-H club, county, district or state programs. I agree to hold all listed parties harmless from any claim by me or my family, estate, heirs or assigns arising out of _____ participation in these activities.

I have read the contents of this affirmation and understand its contents. I understand that with any activity there is a potential for injury or damages to participants.

Signature of Parent/Guardian _____ Date _____