

4-H INDIVIDUAL ENROLLMENT FORM
 REVISED 8-09



- Cloverbud (ages 5-8) Junior (9-13) Senior (14-19)

-----Determined by age as of January 1 of the current year-----

Club _____

Name _____ Birth Date ____/____/____
Last First Middle Initial

Mailing Address _____ School _____ Grade ____
Street, Route, Box

City _____ Zip Code _____

Phone (____) _____ E-Mail Address _____ Employment _____

The purpose of the following is only to gather statistics and determine compliance with Civil Rights laws.

Ethnic Classification – Check One

- Hispanic or Latino Not Hispanic

Race – Check One

- White (only)
 Black or African American (only)
 American Indian or Alaska Native (only)
 Asian (only)
 Native Hawaiian or other Pacific Islander (only)
 White and Black
 White and American Indian or Alaska Native
 Black and American Indian or Alaska Native
 White and Asian
 Balance (other combination)

Gender:

- Male
 Female

Residence:

1. Farm
 2. Rural area or town of less than 10,000
 3. Town or city of 10,000-50,000
 4. Suburb of a city over 50,000
 5. City of over 50,000

FOR OFFICE USE ONLY	
ID #	_____
Enrollment Year	_____
Unit/Club	_____
Unit/Club No.	_____
Date Entered	_____
Entered by	_____

Disabled – List disability _____

NOTE: Persons with disabilities who require alternative means for communication of program information (large print, audio tapes, etc.) should notify the county Extension office as soon as possible prior to activities.

Parent or Guardian Information:

Relation _____ Relation _____

Name _____ Name _____

Phone H () _____ W () _____ Phone H () _____ W () _____

E-Mail _____ E-Mail _____

Occupation _____ Occupation _____

Check if parent is in the military or retired from the military.



PROJECT ENROLLMENT



Code	Project Name	Need Project Book	Specify Manual No. Needed	Cost
CA1	Child Development 1 – On My Own	X	BU7139	\$3.00
			Total	\$



I have read and completed this enrollment form, including project selection and Health Statement, and agree to adhere to the 4-H program policies and Code of Conduct.

Applicant's Signature _____ Date _____

I give permission to use, publish and republish for purposes of advertising, public relations or other lawful use, information about applicant and reproductions of their likeness (photographic or otherwise) and their voice.

Parent/Guardian Signature _____ Date _____

4-H Leader Signature _____ Date _____

and
Parents' Release
Arkansas 4-H

Check here if special attention
is required.

County _____

Member's Name _____ Age _____ Sex _____
Last First Initial

Address _____ Phone (____) _____
Street or Box City Zip

In case of emergency notify: Name _____ Address _____ Phone (____) _____

Relationship to above member (mark one): Parent Guardian Other _____

Alternate Contact in Emergency: Name _____ Phone (____) _____

Family Physician or Clinic _____ Address _____ Phone (____) _____
Street or Box City

Health History

Member has or is subject to: (check if yes)

- Asthma Convulsions Fainting Spells
- Bronchitis Diabetes Heart Trouble
- Other (list) _____

Allergies or reactions to: (check those appropriate)

Drugs: Penicillin Aspirin Other (list) _____

Foods (what foods) _____

Hay fever Insect bites or stings Ivy, oak and/or sumac poisoning

Date of last Tetanus Immunization: _____ Tetanus antitoxin Tetanus toxoid

Member has difficulty with: (check if yes)

- Eyes, ears, nose, throat Digestion Menstrual problems
- Lungs Bed wetting Sleep walking
- Other (list) _____

Member has a condition now requiring medication: Yes No

If yes, please indicate condition _____

Is medication in possession of member? Yes No

Name of medication _____

List any specific activities to be restricted: _____

When water sports are a part of the activity, my child may participate in:

Swimming: Yes No Diving: Yes No Canoeing or Boating: Yes No

When necessary, Extension personnel may give my child over-the-counter medications (examples: aspirin, Benadryl, Tylenol, etc.) Yes No

Parent Authorization

(Must be signed below by either Parent or Guardian.)

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

- A. The health history listed above is correct and the above-named member has my permission to engage in all program activities except as noted.
- B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims.
- D. I understand that I am financially responsible for charges not covered or paid by the 4-H event insurance and hereby guarantee full payment to the attending physician(s) and/or health care unit(s).

Signature of Parent or Guardian _____ Date _____

ARKANSAS 4-H CODE OF CONDUCT

MEMBER DISCIPLINE POLICY FOR COUNTY, DISTRICT, STATE, NATIONAL AND INTERNATIONAL EVENTS

Name _____ County _____

In seeking uniformity in the conduct expected at each county, district, regional, state, national and international event, the following guidelines have been developed to become effective on October 1, 2006.

- I. Event Coordinators or designees are encouraged to discuss all rules and regulations governing an event or activity, including the Code of Conduct, with leaders and 4-H members prior to, or at the beginning of, each event or activity.
- II. All 4-H members are expected to be responsive to the reasonable requests of the adults in charge.
- III. Extension personnel may take immediate action to remove a 4-H member from an activity or event and other action as needed, where there is an emergency situation, significant risk of continuing misconduct or the gross misconduct warrants immediate removal of the 4-H member. "Immediate action" may include the assistance of law enforcement if necessary.

When the 4-H member is sent home or removed, parents or legal guardians will be notified immediately. Sending the 4-H member home or removal from the event will be at the parent's or legal guardian's expense and without refund. Immediate removal from the activity or event will be considered temporary discipline. Further disciplinary action will be determined by a Review Board.

Major Offenses

- IV. The following acts of misconduct are considered major offenses that may result in immediate removal from an activity or event pursuant to Section III above.
 - Possession or use of illegal drugs or alcoholic beverages.
 - Theft, misuse or abuse or destruction of public or personal property.
 - Sexual misconduct.
 - Possession of unauthorized weapons or fireworks.
 - Unauthorized absence from the premises of the event.
 - Assault or threatening a person with a weapon or bodily harm.
 - Smoking or using tobacco products.
 - Violating the International Association of Fairs and Expositions National Code of Show Ring Ethics.
- V. When a 4-H member is found to have committed a major offense, he or she will be suspended from participation in county, district, state, regional, national and international 4-H activities for a period of up to 12 months or greater. The disciplinary action will be determined and issued by a Review Board.

Minor Offenses

- VI. The following acts of misconduct are considered minor offenses that may require the 4-H member to appear before a Review Board.
 - Breaking curfew hours or disturbing others. "Curfew" means in own room and not disturbing others. Males and females may not be in the same sleeping room at any time except in rooms reserved for families.
 - Unexcused absence from the activities of the event.
 - Unauthorized use of vehicle during the event.
 - Use of foul or offensive language.
 - Reckless behavior.
 - Visitation by non-registered persons.

- VII. When a 4-H member is found to have committed a minor offense, disciplinary action may range from verbal reprimands to suspension from participating in county, district, state, regional, national and international 4-H activities for up to six (6) months or greater. The disciplinary action may be issued by the Event Coordinator or a Review Board. If the Event Coordinator issues the disciplinary action, the 4-H member may request review of the disciplinary action by a Review Board by making a written request to the County Staff Chair within thirty (30) days from the date of the disciplinary action.
- VIII. Realizing these guidelines are not “all inclusive,” the University of Arkansas Cooperative Extension Service reserves the right to make adjustments to these policies.
- IX. NOTIFICATION PROCEDURES: When a 4-H member commits an offense that results in the 4-H member being sent home or being removed from the event/activity, the person in charge of the event will notify the appropriate County Agent, District Director and Assistant Director – 4-H Youth Development. The Assistant Director – 4-H Youth Development will then notify the Associate Vice President of Extension when appropriate.
- X. REVIEW BOARD: The person in charge of the event or delegation will appoint the board at the beginning of the event and will serve as chair. The Review Board will consist of two Extension employees, two adult volunteers and two 4-H members. The Review Board may be convened by the person in charge of the event or delegation, or at the request of an Extension faculty or staff member. The Review Board will make a decision and issue discipline, if any. The Review Board will then notify the Assistant Director – 4-H Youth Development who will affirm or reverse the decision of the Review Board.
- XI. APPEAL PROCEDURES: Appeals from a decision of the Assistant Director – 4 H Youth Development will be directed to the Associate Vice President of Extension whose decision will be final. The written appeal must be filed within thirty (30) days from the decision of the Assistant Director – 4-H Youth Development. The Associate Vice President will issue a final decision within ten (10) days of receiving the appeal.

Signatures (Both signatures are required for participants under 18 years old)

I have read and understand the above “Code of Conduct” and will abide by the expectations described in the Code of Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

4-H Member Signature _____ Date _____

I have discussed and reviewed the “Code of Conduct” with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which include no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that if I refuse to pick up my child, if I am unavailable, or if I fail to make timely arrangement to retrieve my child, 4-H program event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent/Guardian’s Signature _____ Date _____

Phone numbers where Parent or Guardian may be reached:

(Note: Failure to have this form with the required bona fide signatures above on file in the county Extension office shall be sufficient reason to disqualify a member from further participation in the 4-H program and may result in disciplinary action for the County Extension Agent.)

PUBLICATIONS, VIDEO, INTERNET CONSENT AND RELEASE AGREEMENT FOR YOUTH



Youth who attend or participate in programs or events conducted by the University of Arkansas Cooperative Extension Service are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and/or public relations activities or projects, and/or to appear in educational and curriculum material developed by the Cooperative Extension Service. In order to guarantee your child's privacy and ensure your agreement for your child to participate, the University of Arkansas Cooperative Extension Service asks that you sign and return this form for each of your participating children to your county Cooperative Extension Service office.

By your signature on this form, you approve the University of Arkansas Cooperative Extension Service, should it choose, to use your child's name, picture, art, written work, voice, verbal statements or portraits (video or still) in any educational and/or promotional printed or electronic piece that furthers Extension's educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, Cooperative Extension web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about Cooperative Extension Service programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child.

AGREEMENT

Youth and Parent/Guardian release to the University of Arkansas Cooperative Extension Service by indicating below, consent to their use by the University of Arkansas Cooperative Extension Service. Please mark the following options:

- | | |
|---|---|
| <input type="checkbox"/> Child's name | <input type="checkbox"/> Picture, Portrait (video or still) |
| <input type="checkbox"/> Art | <input type="checkbox"/> Written work |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Verbal statement |
| <input type="checkbox"/> All of the above | |

The University of Arkansas Cooperative Extension Service agrees that the youth's name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for Extension's public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.

Youth and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photographs, video or student statements may be used in subsequent years;
- If the Youth and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement _____

Youth's Name _____

Youth's Signature if at least 18 years old _____

Parent/Guardian: (Print name) _____

Signature _____