



4-H Member Enrollment Form
Oregon State University Extension Service
2011-2012 4-H Year



Club Name _____

First Name* _____ Last Name* _____ Middle Initial _____

Preferred Name _____ Date of Birth* _____

E-mail _____ Newsletter sent by: E-mail Regular Mail

Primary Phone* _____ Mobile Phone _____ Other _____

Address _____ City _____ State* _____ Zip _____

Township _____

Any health considerations? Yes No Explain: _____

Military Family No Yes If so, what branch _____

School _____ Grade* _____

Have you been in Oregon 4-H before? Yes No Years in 4-H (including this one) _____

Demographic Information		
ETHNICITY	RESIDENCE	RACIAL GROUP
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Farm	<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Small Town (under 10,000)	<input type="checkbox"/> Black
	<input type="checkbox"/> Large Town (10-50,000)	<input type="checkbox"/> American Indian
GENDER	<input type="checkbox"/> Suburbs (over 50,000)	<input type="checkbox"/> Asian
<input type="checkbox"/> Male	<input type="checkbox"/> City (over 50,000)	<input type="checkbox"/> Hawaiian & Pacific Islander
<input type="checkbox"/> Female		

**Required Fields*

Parent and/or Guardian Info:

Last Name* _____ First name* _____

Address if different from child's _____

Cell Phone _____ Work Phone _____ Other _____

4-H Leader's Signature _____

(Turn Over to Check Projects on Back)

Office Use Only

Part. Fee \$15 _____ \$30 (family) _____ Insurance \$1 or \$2 (horse) _____
After Jan. 31 \$20 _____ \$40 (family) _____

Oregon State University Extension Service offers educational program, activities, and materials-without regard to race, color, religion, sex sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status-as required by Title VI of the Civil Rights Act of 1964. Oregon State University Extension is an Equal Opportunity Employer.

CLATSOP COUNTY PROJECT LIST

_____ CLOVERBUDS (K-3 grade)

PERSONAL SAFETY

- _____ Archery
- _____ ATV Safety
- _____ Bicycle Safety
- _____ Rifle
- _____ Safety
- _____ Shotgun

COMMUNITY/VOLUNTEER SERVICE

- _____ Citizenship
- _____ Community Service
- _____ Service Learning

COMMUNICATION/EXPRESSIVE ARTS

- _____ Arts (including scrapbooking and ceramics)
- _____ Cake Decorating
- _____ Chess
- _____ Creative Writing
- _____ Fiber Arts
- _____ Graphic Arts
- _____ Hobbies & Collection
- _____ Leathercraft
- _____ Photography
- _____ Videography

FOODS & NUTRITION

- _____ Foods & Nutrition
- _____ Food Preservation
- _____ Outdoor Cooking
- _____ Table Setting

CONSUMER & FAMILY

- _____ Clothing & Textiles
- _____ Consumer Education
- _____ Crocheting
- _____ Economics/Business/Marketing
- _____ Home Environment
- _____ Knitting

HEALTH

- _____ Fitness & Sports
- _____ Health

TECHNOLOGY & ENGINEERING

- _____ Computers
- _____ Electricity/Electronics
- _____ Energy
- _____ Engineering
- _____ GPS/GIS/Geography
- _____ Robotics/Legos®
- _____ Rocketry
- _____ Small Engines
- _____ Wood Science

LEADERSHIP & PERSONAL DEVELOPMENT

- _____ Cultural Education
- _____ World Citizenship/International Program
- _____ Jr. Leader (Grades 7-12)
- _____ Leadership Development
- _____ Public Speaking

PLANT SCIENCE

- _____ Horticulture

PHYSICAL SCIENCE

- _____ Weather
- _____ Astronomy

ENVIRONMENTAL ED/EARTH SCIENCE

- _____ Angler Education
- _____ Composting
- _____ Environmental Science
- _____ Forestry
- _____ Geology
- _____ Marine Science
- _____ Outdoor Education/Recreation
- _____ Water Quality
- _____ Wildlife

BIOLOGICAL SCIENCE

- _____ Entomology
- _____ Natural Sciences

ANIMALS

- _____ Beef
- _____ Cats
- _____ Cavies
- _____ Dairy Cattle
- _____ Dogs
- _____ Goats
- _____ Horse & Pony
- _____ Llama/Alpacas
- _____ Pigeons & Doves
- _____ Pocket Pets
- _____ Poultry
- _____ Rabbits
- _____ Sheep
- _____ Swine
- _____ Veterinary Science

_____ OTHER _____

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OFFICIAL 4-H HEALTH FORM

Rev. 9-09

County _____

Type of activity: county/area state regional national (check one)

Name of event/activity _____

Participant's Name: _____

Last First M.I.

Address: _____
Street Address

City State Zip Code

Participant is: Adult Youth Male Female

Grade Birth Date Home phone

Emergency Contact: _____
Name Relationship

Daytime phone Evening phone Cell Phone Other

Health Statement (to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe:				Yes	No
Name of all medications:					
Name and phone number of physician:					

If needed, you may give my child: Non-Aspirin Over the Counter Allergy Ibuprofen
 Benadryl Dramamine for Travel None of the Above

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?

Yes _____ No _____ If yes, please describe: _____

*Accommodations may include: speech, hearing or vision impairments that may affect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant Date

OREGON 4-H YOUTH DEVELOPMENT PROGRAM

YOUTH CODE OF CONDUCT

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I use and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area at any time without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

_____ Date _____

Member Signature

(Revised JULY 2010)

_____ Date _____

Parent/Guardian Signature

Media Release

I give permission to use member's image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release member's name and hometown to news media for recognition purposes.

Parent/Guardian Signature

Date