

## 4-H Member Enrollment Form Instructions

**Note: Each member must fill out the *4-H Member Enrollment Form* for the first club. They will fill out a separate half sheet enrollment form for each additional club.**

- Fill in Name and complete mailing address.
- Grade during the 2009-10 school year.
- Birth date – please provide the member's birth date.
- Years in 4-H is the **current year** number. No one is less than 1 year. If the member has been in Adventurers or Cloverbuds and is now in 4<sup>th</sup> grade, their years in 4-H start all over with year 1.
- Phone numbers should be the number the member wishes the 4-H office or the Leader to use to contact them. Description gives the office an idea of where we are calling; for example, home, cell, neighbor, friend.
- Your cooperation in filling out the statistical information that we are required to collect by OSU is greatly appreciated. Please check the boxes next to the appropriate information for **residence, ethnicity, gender and race**.
- Please write in the club name.
- The Project List is located on the back of the enrollment form. Please place a check in the box next to any project the member plans on participating in **for this club only**.
- **A parent or guardian must sign the form.** *Unsigned forms will be returned to leaders for follow-up.*

**Forms should be returned to club leaders along with \$10.00 cash or check which covers the participation fee, club fee and insurance cost. Checks are payable to *4-H Leaders Association*.**



# HOOD RIVER COUNTY 4-H MEMBER ENROLLMENT FORM

2009-10 4-H Year

\$10.00 Cash or Check to Accompany This Form.

Make checks payable to *Hood River County 4-H Leaders Association.*



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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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?

No  Yes If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

School Enrolled in: \_\_\_\_\_ Grade in School \_\_\_\_\_

**Residence based on Population:**

Farm  Sm Town (Less than 10,000)  Lg Town (10-50,000)  Suburbs (over 50,000)  City (over 50,000)

**Ethnicity:**  Not Hispanic  Hispanic **Gender:**  Female  Male

**Race:**  White  Black  American Indian/Alaska Native  Asian  Native Hawaiian

White & Black  White and Am. Indian / AK Native  Black and Am. Indian / AK Native  White & Asian

Club Name \_\_\_\_\_

**Project list is on the backside. Please place a checkmark in the box next to all projects you are enrolling in for this club.**

Father, Step-Father or Male Guardian name \_\_\_\_\_

Mother, Step-Mother or Female Guardian name \_\_\_\_\_

I give my permission for the young person named on this form to participate in Oregon State University 4-H Development Programs.

I give my permission to use my child's image, in videotape, audiotape, film, photograph, 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 my child's name and hometown to news media for recognition purposes.

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Oregon State University Extension Service offers educational programs, 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, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Oregon State University Extension Service is an Equal Opportunity Employer. The Extension Service offers its programs and materials equally to all people. Reasonable accommodations will be provided to those with physical or mental disabilities in order to attend Extension programs. Please contact the Extension office in advance to make arrangements. Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant Programs. Oregon State University, United States of Agriculture cooperating.

# 4-H Projects

Please check the box beside your projects.

- Community Service
  - Citizenship
  - Leadership
  
  - 4-H Cloverbuds
  - 4-H Cloverbuds - Small Animals
  
  - Arts (painting, wood carving, sculpting, rubber stamping)
  - Ceramics
  - Crafts (scrapbooking, etc.)
  
  - Fiber Arts (Clothing)
  - Fiber Arts (Quilting, Embroidery, Cross Stitch)
  - Leathercraft
  - Photography
  
  - Dance
  - Drama
  
  - Food Preservation
  - Foods and Nutrition
  
  - Soccer - Indoor
  - Soccer - Outdoor
  
  - Child Care / Development
  
  - Clothing & Textiles
  - Crochet
  - Knitting
  
  - Home Environment
- Entomology
  
  - Computers
  - Robotics
  
  - Angler Education
  - Forestry
  - Geology
  
  - Dogs
  - Horse and Pony
  
  - Beef - Cattle
  - Beef - Dairy Cattle
  - Goats - Dairy
  - Goats - Fiber
  - Goats - Meat
  - Goats - Pack
  - Goats - Pygmy
  - Llamas & Alpacas
  - Sheep
  - Swine
  
  - Small Animals - Cavies
  - Small Animals - Pigeons & Doves
  - Small Animals - Poultry
  - Small Animals - Rabbits
  
  - Gardening, Flowers and Ornamentals
  - Gardening, Fruits, Vegetables, Herbs
  - Jr. Master Gardener

**OREGON 4-H YOUTH DEVELOPMENT PROGRAM**  
**CODE OF CONDUCT** revised 9 -09

The mission of 4-H is to teach subject matter and life skills through a process that helps young people meet key developmental needs. To do this, 4-H must create an environment that is conducive to learning and growth. Consequently, 4-H requires that members adhere to certain standards of behavior and conduct as they participate in 4-H. The following are expected of all members.

Members must demonstrate a commitment to the vision, mission, and core values of the Oregon 4-H Youth Development Program. Actions not in the best interest of 4-H will not be tolerated.

Show respect and courtesy to other youth, adults, volunteers, and Extension faculty and staff.

Use language that is appropriate and respectful of others. No swearing is allowed.

No harassment, bullying or hazing, discriminatory language, roughhousing, or insubordination will be tolerated.

All members are expected to abide by Federal, state and local laws. They are also expected to abide by policies and guidelines of the Oregon State University, OSU Cooperative Extension Service, and the Oregon 4-H Youth Development Program.

Members are expected to know and follow rules established for specific events and are expected to attend all parts of a planned program. Members should inform those in charge if they are not feeling well or have a schedule conflict.

Participants in 4-H activities or events are not to leave the assigned program area (campsite, campus, cabins, or dormitories) at any time without written permission from the person in charge except when movement to another location is a part of the planned program.

Members must dress appropriately for the occasion. Many times, dress codes describe what is considered acceptable attire for a specific event or activity.

Members are expected to treat animals humanely and provide appropriate animal care.

Youth old enough to legally operate motor vehicles (including machines and equipment) may do so only with a valid operator's license, and the legally required insurance coverage. Members must have both authorization from the 4-H staff member in charge of the event and parental permission to drive to out-of-county events. Members must operate vehicles in a safe and responsible manner. All passengers must wear seat belts.

Members must show respect for the property and facilities used during an event or activity and will assume responsibility for any damage they cause.

During overnight activities, members are expected to observe hours designated to be in the rooms provided. Boys are not allowed in areas designated for "girls only" nor are girls allowed in areas designated for "boys only."

Members will not use tobacco, alcohol, drugs (except those directed by a doctor) or fireworks or remain in the immediate area where these are being used. Members may only handle firearms in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports leader.

4-H events encourage interaction among peers, but not exclusively with another person. Kissing and other sexual displays of personal affection distract from the group and are not appropriate behavior.

I have read and agree to the above Code of Conduct. I understand that violations may result in loss of eligibility to participate in future 4-H Youth Development events and activities or loss of membership privileges. Violations while participating in out-of-county events may result in the member being sent home at the expense of the parent or guardian.

\_\_\_\_\_ Date \_\_\_\_\_  
Member Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

# 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:					

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 effect 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