



2009-2010 Jackson County 4-H Member Enrollment



Directions: Print clearly. Parents, complete the Health Form on the back. Make sure the member and the parent have both signed the Health Form/Release Statements/Code of Conduct on the back side of this form. **Complete one enrollment form ONLY and list each club in which you participate. A member is not enrolled in 4-H until this form is completed and returned to the OSU Extension Service, 569 Hanley Rd, Central Point, OR 97501 with the appropriate fee (see "fee calculation sheet") payable to Jackson County 4-H Leaders Association.**

Member Name: _____
Last name *First name* *MI*

Primary Mailing Address: _____
Street address *City* *State/Zip*

Primary Parent(s)/Guardian(s): _____ **Secondary:** _____

School Attending: _____ **Birth Date:** _____ **Grade:** _____ **Gender: F __ M __**

PHONES _____
(Home): *(Parents work):* *Parent's Cell:* *Member's Cell or Other:*

E-MAIL addresses (print clearly): _____
Primary Parent *4-H member*

E-mail is our only means of sending 4-H information that is received at the last minute. Let us know if your family would like to receive e-mail notification that the 4-H newsletter is posted to our County 4-H website (extension.oregonstate.edu/sorec/4h) instead of a mailed hard copy? Email only By mail

Racial Group: ___ =White, ___ =Black/African American, ___ =Native American/Alaskan Native, ___ =Asian/Pacific Islander, ___ =More than one race

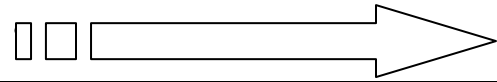
Ethnicity: ___ =Hispanic, ___ =Not Hispanic **Residence:** ___ =Farm, ___ =Town (10K), ___ =Town (10-50K), ___ =City (more than 50K)

Years in 4-H, (grades 4-12 include this year) ___ **Member of a Military Family?:** ___ If yes, which branch?: _____

Club Names: **▶▶▶ Fees paid in what club:** _____

Project(s) (See county list):

Please turn this page over and complete and sign other side!



For Office Use Only

Member 4-12th grade: ___; Member K-3: ___; Participation fee paid:\$ _____ = County, \$10 __, \$2 __; State, \$15 __, or \$20 __ OR use check if 4-H family member of more than 2 ___

Date in office: _____; Data entry date: _____

Type of activity: _____ county/area . state regional national

Participant's Name: _____
Last First M.I. County

Address: _____
Street Address City State Zip Code

Participant is: ___ Youth; ___ Male ___ Female ___ Grade:___ Birth Date:_____ Home phone:_____

Emergency Contact: _____
Name Relationship Daytime phone Evening phone

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.

OREGON 4-H YOUTH DEVELOPMENT PROGRAM CODE OF CONDUCT

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 & local laws. They are also expected to abide by policies and guidelines of the Oregon State University, OSU 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 "girls only" nor are girls allowed in areas designated "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 an • 4- d other sexual displays of personal affection distract from the group and are not appropriate behavior.

Our signatures below indicate that:

- 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. •
- We give permission to use member's image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes. We give permission to release member's name and hometown to news media for recognition purposes.
- We understand that failure to abide by the policies and regulations governing the 4-H program may result in loss of membership privileges.
- 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.

 Member Signature Date _____

 Parent/Guardian Signature Date _____