

2011-2012 Tillamook County 4-H Member Enrollment

*Directions: Please complete in ink. Print clearly. Parents, complete the Health Form on the back. Make sure both the member and the parent have signed the Health Form/Release Statements/Code of Conduct on the back of this form. **A member is not enrolled in 4-H until this form is completed and returned to the OSU Extension Service, 2204 Fourth Street, Tillamook, OR 97141 with \$17 fee payable to the OSU Extension Service.***

Today's Date: _____

Member Name: _____ Birth Date: _____
Last First M.I. Preferred Name

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

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

E-mail addresses: _____
Parent/Guardian E-mail 4-H member E-mail

Primary Phone: _____ Parent Work Phone: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Member Cell Phone: _____ Cell Phone Provider: _____
(AT&T, Verizon, etc. for text messaging)

Mailing Address: _____

City: _____ State: _____ Zip: _____ School: _____

Yes **No** Our family would like to receive e-mail notification that the 4-H newsletter is posted to the Tillamook County 4-H website instead of a mailed hard copy? E-mail is our only means of sending 4-H information that is received with a short turn-around time; if you provide your e-mail address above, you may receive occasional notices in addition to the newsletter.

Yes **No** I am willing to receive correspondence from National 4-H Council?

Ethnicity: Hispanic Not Hispanic **Gender:** F M **Grade In School:** _____

Race: *(Please check all that apply)* Am. Indian or Alaskan Native Asian Black Hawaiian or Pacific Islander White

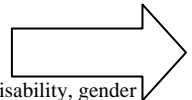
Residence: Farm Sm Town *(under 10,000)* Lg Town *(10-15,000)* Suburbs *(over 50,000)* City *(over 50,000)*
(income from farming \$1000+/year)

Have you been in 4-H in Oregon before? Yes No

Junior OR Teen Leader? Junior Leader Teen Leader

Member Type <i>(Choose one)</i>	Club Name	Project(s)
1. Club Member (grade 4-12) 2. Cloverbud Member (K-3) 3. Independent Member (grade 4-12) 4. Afterschool or Day Camp Participant	Example: Fred's Sewing Club	See attached list of projects. Please write in all projects you plan to do. We will send you mailings about those project areas.

Please complete and sign other side!



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Date Received: _____ **For Office Use Only**

Participation/Ins. Fee Receipt # _____ \$ _____

Payable to OSU Extension Service

Data Entry _____ Club Number _____

OFFICIAL 4-H HEALTH AND CODE OF CONDUCT FORM

Rev. 7-10

County _____

Type of activity:

county/area

state

regional

national

Name of event/activity _____ (check one)

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 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 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.

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 . . .

- Engage fully with a positive attitude and creative energy.
- Be courteous to others, even if they're different from me.
- Be cooperative. Encourage individuals. Help others. Support teamwork.
- Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
- Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
- Take care of the property I use and assume responsibility for purposeful damage I may cause.
- Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
- 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.)
- Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
- Treat animals humanely and provide them appropriate care.
- Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
- Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
- 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.)

Our signatures below indicate that:

- I give permission for the young person named on this form to participate in Oregon State University 4-H Youth Development Programs.
- I have read and agree to the above Code of Conduct. I understand that if I/my child violate any part of this agreement, I/my child may be sent home from a 4-H activity at the expense of the parent(s) or guardian(s). I also understand that if I/my child 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.
- 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. I 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.

Date _____

Date _____

Member Signature

Parent/Guardian Signature