



OREGON 4-H MEMBER ENROLLMENT FORM

2009-10 4-H Year



Last Name _____ First Name _____ M.I. _____

Preferred Name: _____ Birth Date _____

Email _____

Home Phone _____ Mobile Phone _____ Other Phone _____

Address _____ City _____

State _____ Zip _____ Township/Community _____

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: _____

School Enrolled in: _____ Military Family? Yes ___ No ___

Would you like your county newsletter emailed to you? Yes ___ No ___

Check here if you do not want to be contacted by National 4-H Council

Years in 4-H (counting this year) _____

Ethnicity: Not Hispanic ___ Hispanic ___ **Gender:** Female ___ Male ___ **Grade:** _____

Residence:
 Farm ___ Sm Town (Under 10,000) ___ Lg Town (10-50,000) ___ Suburbs (over 50,000) ___ City (over 50,000) ___

Race:
 Am. Indian/Alaska Native ___ Asian ___ Black or African American ___
 Native Hawaiian or other Pacific Islander ___ White ___ More than One Race ___

Parents and/or Guardian name _____ Phone: _____

Address (if different than child's): _____

Parents and/or Guardian name _____ Phone: _____

Address (if different than child's): _____

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.

OREGON 4-H MEMBER ENROLLMENT FORM

2009-10 4-H Year

Club Name(s):

- 1. _____
- 2. _____
- 3. _____

Projects (see county list):

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

My 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 give permission to use our 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 member's name and hometown to news media for recognition purposes.

Parent Signature

Date

Office use only

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



4-H Youth Development Education Department
 Oregon State University, 105 Ballard Hall, Corvallis, Oregon 97331-3608
 T 541-737-2421 | F 541-737-1332 | <http://oregon.4h.oregonstate.edu>

Parental Consent for Youth Participation in 4-H Program Evaluation Studies 2009-2010

The Oregon 4-H program conducts regular assessments of its programs throughout the year. These assessments provide important information regarding program quality and impact. Typically, these assessments are composed of brief (1-2 page) questionnaires about the program. The results of these assessments are used for program improvement, marketing and fundraising, and sharing with other 4-H professionals through journal articles and conference presentations

We ask parents of 4-H members to sign this general consent for their child to participate in 4-H program assessments at the beginning of each 4-H year. Please note the following information regarding your consent:

- 1) Your child’s participation in any assessment is completely voluntary. He or she is not required to participate, and his or her assent to participate will be secured before administering any assessment.
- 2) Your child does not have to answer any questions he or she does not want to, and he or she may stop answering questions at any time.
- 3) You and your child’s right to participate in the 4-H program will not be affected should you choose not to sign this form, or if your child decides not to participate in the assessment.
- 4) The assessments conducted under this consent involve minimal or no risk. Your additional consent will be secured before involving your child in an assessment or research that involves greater risk, or is deemed more invasive than is assumed with this general consent.
- 5) In most cases there will be no direct benefit to your child for participating in these assessments. However, there is indirect benefit in that information we gather from the assessments helps to secure ongoing and future funding to support the 4-H Youth Development program in Oregon.
- 6) Most assessments will be anonymous in that we will not know which assessment results are your child’s. In the event that we need to identify your child’s answers, all information provided by your child will be kept confidential to the extent available by law. In addition, only group responses will be shared with others, and no names will be connected to individual answers.

4-H Member Name

County

Parent Signature

Date

Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant programs. Oregon State University, United States Department of Agriculture, and Oregon counties cooperating. The Extension Service offers its programs and materials equally to all people.

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