**MULTNOMAH & WASHINGTON COUNTY 4-H ENROLLMENT FORM—YOUTH MEMBER**

**2010-11 4-H Year**

*Enrollment is not complete until code of conduct and health forms are turned in and all fees paid.*

<table>
<thead>
<tr>
<th>Last Name ___________________________</th>
<th>First Name ___________________________</th>
<th>M.I. ______</th>
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<tbody>
<tr>
<td>Preferred Name: _____________________</td>
<td>Birth Date ___________________________</td>
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<tr>
<td>Email _______________________________</td>
<td>Parent Email __________________________</td>
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<tr>
<th>Primary Phone _______________________</th>
<th>Mobile Phone _________________________</th>
<th>Other Phone ________________________</th>
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<thead>
<tr>
<th>Address ______________________________</th>
<th>City _________________________________</th>
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<tbody>
<tr>
<td>State _______ Zip ___________ Township/Community ___________________________</td>
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**Is Disabled?** Yes ___ No ___  
**Explain:** __________________________________________________________________________________

**School Enrolled in:** __________________________

**Military Family?** Yes ___ No ___ if so what branch _____________________________________________

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

**Would you prefer to not be contacted by National 4-H Council?** Yes ___ No ___

**Years in 4-H (counting this year) ______**  
**Have you been in 4-H in Oregon before?** Yes ___ No ___

**Ethnicity:**  
Not Hispanic ___ Hispanic ___

**Gender:**  
Female ___ Male___

**Grade:** ________ (if member)

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

**Race (check all that apply):**  
White ___ Black___ Am. Indian/Alaska Native ___ Asian___ Hawaiian & Pacific Islander ___

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.
**Multnomah & Washington County 4-H Enrollment Form—Youth Member**

**2010-11 4-H Year**

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<table>
<thead>
<tr>
<th>Club Name</th>
<th>Primary club? (check only one)</th>
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<table>
<thead>
<tr>
<th>Project Name</th>
<th>Years in project?</th>
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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.
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 _______  __________________________  Date _______
Member Signature       Parent/Guardian Signature

(Revised JULY 2010)

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.

__________________________ Date
Parent/Guardian Signature
**OFFICIAL 4-H HEALTH FORM**  
Rev. 9-09

<table>
<thead>
<tr>
<th>Type of activity:</th>
<th>☐ county/area</th>
<th>☐ state</th>
<th>☐ regional</th>
<th>☐ national</th>
<th>(check one)</th>
</tr>
</thead>
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</table>

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)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the participant currently under medical treatment? (describe)</td>
<td>Yes</td>
<td>No</td>
<td>Does the participant have any history of respiratory illness? (describe)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the participant diabetic?</td>
<td>Yes</td>
<td>No</td>
<td>Is the participant subject to seizures of any kind?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Date of last tetanus shot?</td>
<td>Yes</td>
<td>No</td>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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)</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Does the participant have any allergies or dietary restrictions? If yes, please describe:</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

**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