Oregon 4-H Member Enrollment Form

Family Information:

Family Last Name ____________________________________ Family E-mail ________________________________

Family Primary Phone ______________________________________________________________________________

Family Mailing Address ___________________________________________________________ Street/Mailing Address __ City __ Zip __

Member Information:

Legal Name (please print) _______________________________ ________________ ____________________________

First Name ___________________________ Last Name ___________________________ Preferred Name ______________________

Cell Phone ___________________________ Birth Date _______ _______ ________ Gender: ❑ Male ❑ Female

Year in 4-H ________________ ❑ Is it okay to text this number? List Cell Phone Carrier __________________

School ___________________________ Grade ____________________

Parent 1

First Name ___________________________ Last Name ___________________________

Cell Phone ____________________________

Parent 2

First Name ___________________________ Last Name ___________________________

Cell Phone ____________________________

Second Household Contact Information (if applicable):

Name ___________________________ Address ___________________________ City __ Zip __

First Name ___________________________ Last Name ___________________________

Cell Phone ____________________________ E-mail ____________________________

Ethnicity (check one) ❑ Hispanic ❑ Not Hispanic

Race (check all that apply) ❑ White ❑ Black ❑ Alaskan/Am Indian ❑ Hawaiian/Pac. Island ❑ Asian
❑ Balance/Other ❑ Prefer Not to State

Residence (check one) ❑ Farm ❑ Rural/10,000 ❑ Town/10 - 50,000 ❑ Suburb/50,000 ❑ City/50,000

Family Member in Military? Y ❑ N ❑ What Branch? ___________________________ Reserve or Guard? ________________

Project Name ___________________________ Name of Club or Leader, if known ___________________________ Year in Project ______________

Project Name ___________________________ Name of Club or Leader, if known ___________________________ Year in Project ______________

Project Name ___________________________ Name of Club or Leader, if known ___________________________ Year in Project ______________

Project Name ___________________________ Name of Club or Leader, if known ___________________________ Year in Project ______________

Project Name ___________________________ Name of Club or Leader, if known ___________________________ Year in Project ______________

Project Name ___________________________ Name of Club or Leader, if known ___________________________ Year in Project ______________

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. Oregon State University Extension Service is an Equal Opportunity Employer.

Revised July 2015
## OFFICIAL 4-H HEALTH FORM

**Rev. 1-2015**

**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)

<table>
<thead>
<tr>
<th>Does the participant have any dietary restrictions? If yes, please describe:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the participant have any allergies? If yes, please describe:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Name of all medications:**

**Name and phone number of physician:**

---

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
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: The Oregon 4-H Youth Development Program

Group: The Oregon 4-H Youth Development Program

Date(s): 2015-2016 4-H Year

Participant Information

Name: ____________________________
Age: ____________________________
Sex: ____________________________
Street Address: ____________________________
City: City: ____________________________
State: ____________________________
Zip: ____________________________
Home Phone: ____________________________
Work Phone: ____________________________
Cell Phone: ____________________________

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to: OSU Lake County Extension | 103 South E Street - Lakeview, OR 97630 | (541) 947-6054

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Activity (hereafter referred to as ACTIVITY) described above may include activities that may cause injury and be dangerous. I acknowledge that participation in this ACTIVITY has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur (INSERT activities below):

Risks associated with participation may vary according to the nature of the program or activity (e.g. use of equipment or tools related to learning). I understand that I may contact an OSU Extension employee to learn more about the risks.

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the ACTIVITY. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY. I will indemnify and hold Oregon State University, its officers, board members, agents, and employees (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my participation in this ACTIVITY.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring. If this ACTIVITY is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this ACTIVITY and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the ACTIVITY with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the ACTIVITY site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation,* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

*If your participation requires an accommodation, please contact OSU Lake County Extension | (541) 947-6054 at least one week (7 days) before the date of the ACTIVITY.

Emergency Contact Name: __________________________ Telephone Number: __________________________

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: __________________________________ Date: __________________________

===========================================================================================================

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: __________________________________ Date: __________________________

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.
Oregon 4-H Youth Development Program Youth Code of Conduct

The well-being of all 4-H program participants is important. Everyone has responsibilities.

4-H is a positive youth development program. Therefore, when I participate in 4-H programs and events, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they are 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 interact with, 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. Refrain from use of tobacco, marijuana, alcohol, or illicit drugs, or be under their influence while participating.
13. 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 without permission from the program supervisor; be in assigned lodging 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; not use fireworks), as well as safety policies established for a specific event.

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

Research and Evaluation Statement

As part of your child’s participation in this 4-H program, he or she may be asked to complete an evaluation related to what he or she learned and experienced in the program. These evaluations are part of 4-H’s ongoing program monitoring and they provide valuable information about the impact of the program on youth. Your child will always be asked if he or she wants to participate in the evaluation, and will not be required to do so if he or she does not want to. Should your child choose not to participate, his or her participation in this program will not be affected in any way.

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. Oregon State University Extension Service is an Equal Opportunity Employer.

Revised July 2015