2015-2016 Jackson County 4-H Member Enrollment Form

Directions: Print clearly. Complete all pages of one enrollment form only. LIST EACH CLUB & project 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 97502 with the appropriate fee (see bottom of this page), payable to OSU JACKSON COUNTY EXTENSION. Member & parent signatures are needed.

MEMBER NAME - __________________________ FAMILY NAME - __________________________

Last Name First Name (legal) Name you go by in 4-H M.I.

FAMILY - Mailing address: ____________________________________________________________

Correspondence Preference  ☑ mail  ☑ email Street address City State/Zip

E-MAIL addresses: (print clearly): ____________________________________________________________

Primary, Parent 4-H member (or other)

PHONES: (541) ____________ (541) ____________ (541) ____________ (541) ____________

(Primary): (Parents Cell): Other: Parent's Work:

☐ Want us to text this number? Star which one & list cell phone carrier: __________________________

School Attending: __________________________________ Birth Date: __________ Age: ________ Grade: ________ Gender: F   M

EMERGENCY CONTACT: ________________________________________________________________

Name __________________________ Relationship __________ Daytime phone _________ Evening phone _________

Parent/Guardian: ____________________________________________________________ Current Military family (What Branch)? ______________________ Reserve or Guard ______

2nd household correspondence ☑ no, ☑ yes = Mailing address: __________________________ Email: __________________________

Racial Group: (☑ all that apply) ☑ White, ☑ Black, ☑ American Indian, ☑ Asian, ☑ Hawaiian or Pacific Islander; Ethnicity: ☑ Hispanic, ☑ Not Hispanic

Residence: (☑ one) ☑ Farm, ☑ Town (<10K) ☑ Town (10K-50K), ☑ City (> 50K) Number of years in 4-H, (4th grade & on, plus this year) ______

Club Names: List club that fee is being paid in first: List Projects held after club name

☐ Junior Leader ☐ Which club(s)?

Oregon State University Extension Service offers educational programs, activities, and materials – without discrimination based on age, color, religion sex, sexual orientation, national origin age marital status, disability, and disabled veterans or Vietnam-era veteran status. Our location is accessible to persons with disabilities. Oregon State University Extension Service is an Equal Opportunity Employer.

Member Enrollment Fees: (Oct 1-Jan 31) $30 for first two 4-12th graders in family, or $35 after Jan 31; $10 for other 4-12th graders in family; $2. K-3rd grade (Deadline to participate in county fair competitions: March 15.)

COMPLETE ALL SIDES OF THIS FORM (or all 4 pages of down-loaded form)

For Office Use Only:
Date in office: ___________________________; Staff initials _______ Fee paid: $_______ Cash ☐, Check ☐ #: _________ Data entry date: ________ init___ 9/15/2015
OFFICIAL 4-H HEALTH AND CODE OF CONDUCT FORM

Participant’s Name: ___________________________ Home phone: (541) ________

Last               First               M.I.   Gender: □ Male, □ Female

Address: _______________________________ street Address ___________________________ City Oregon Zip Code

Birth Date: __/____/____   Grade: _______   Emergency Contact: ____________________________

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? __________ Name and phone number of physician: ___________________________ _____________________________

Are there any medical conditions (heart condition, etc.) or malformations 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: ____________________________

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: ____________________________

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 ____________________________ Date __________

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.

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.)

Our signatures below indicate that:

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 future 4-H Youth Development events, and/or, lose my membership privileges. We understand that failure to abide by the policies and regulations governing the 4-H program may result in loss of membership privilege.

Member Signature ____________________________ Date __________ Parent/Guardian Signature ____________________________ Date __________

COMPLETE ALL SIDES OF THIS FORM (or all 4 pages of down-loaded)
<table>
<thead>
<tr>
<th>Group:</th>
<th>OSU JACKSON COUNTY 4-H Youth Development Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity:</td>
<td>County 4-H Membership Enrollment</td>
</tr>
<tr>
<td>Date(s):</td>
<td></td>
</tr>
<tr>
<td>Participant:</td>
<td></td>
</tr>
<tr>
<td>(Name)</td>
<td></td>
</tr>
<tr>
<td>(Street Address)</td>
<td></td>
</tr>
<tr>
<td>(Home Phone)</td>
<td></td>
</tr>
<tr>
<td>(City)</td>
<td>(State)</td>
</tr>
<tr>
<td>(Work Phone)</td>
<td>(Zip)</td>
</tr>
<tr>
<td>(Cell Phone)</td>
<td>(Age)</td>
</tr>
<tr>
<td>(Sex)</td>
<td></td>
</tr>
</tbody>
</table>

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

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:

DALE LARSON, Southern Oregon Research and Extension Center (OSU Extension) 659 Hanley Rd Central Point, OR 97502 (541-776-7371 ext. 205).

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 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:

Risk associated with participation may vary according to the nature of the program or activity (e.g., use of equipment or tools as related to specific learning projects). I understand that I may contact the activity leader or an OSU Extension employee to learn more about specific 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 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 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). 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 part without restrictions or limitations for any educational or promotional purpose. I further release the UNIVERSITY to use material from blogs, internet or social media associated with ACTIVITY without restrictions or limitations for any educational or promotional purpose.

Initial if you Agree to the above ______ Initial if you Disagree with the above ______

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.

**COMPLETE ALL SIDES OF THIS FORM (or all 4 pages of down-loaded form)**
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 DALE LARSON, 541-776-7371 x 205 at least one week (7 days) before the date of the ACTIVITY.

EMERGENCY CONTACT NAME AND PHONE 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 __________________________

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 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.

COMPLETE ALL SIDES OF THIS FORM (or all 4 pages of down-loaded form)