



**Oregon State  
University**



**2020 – 2021 Jackson County 4-H  
Youth Member Enrollment Form**

569 Hanley Rd., Central Point, OR 97502  
office (541) 776-7371 fax (541) 776-7373

Office Use Only: Date Rcvd. \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Cash/Ck/CC \_\_\_\_\_ Ck#/Auth# \_\_\_\_\_

**FAMILY INFORMATION** Family Email: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Family Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Correspondence Preference:  Email  Mail Do you check your email regularly?  Yes  No

**Note: 95% of 4-H communications are via email. Please let us know any email address changes.**

Club Name (please list Primary Club first)	Project Name	Years in Project
<i>i.e. Beef Believers (primary)</i>	<i>Beef, Public Speaking</i>	<i>6, 1</i>
<i>Crafty Clovers</i>	<i>Rabbits, Photography</i>	<i>2, 3</i>

**\*\*Please review the project areas (listed on the last page of this enrollment form). Note: Not all project areas will be available unless a volunteer leader instructs within their club\*\***

**YOUTH INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender Identity:  Female  Male  Gender Identity not Listed  Prefer not to respond

Grade: \_\_\_\_\_ Residence:  Farm  Rural (<10,000)  Town (10,000 - 50,000)  Suburb  City (>50,000)

Ethnicity: (check one)  Hispanic  Not Hispanic  Prefer not to state

Race: (check all that apply)  White  Black or African American  American Indian or Alaskan Native

Native Hawaiian or Pacific Islander  Asian  Balance (other combinations)  Prefer Not to State

Photo Release: May we use your photo or likeness to share your accomplishments?  Yes  No, I want to opt out

**EMERGENCY CONTACT 1 (other than Parent/Guardian) Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT 2 (optional) Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT/ GUARDIAN 1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARENT/ GUARDIAN 2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECOND FAMILY** (if applicable) Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School County: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Family Member in Military?:**  Yes  No **Who?:**  Self  Parent  Sibling **Branch:** \_\_\_\_\_

**Status:**  Active  Reserve  Guard  Retired

**HEALTH STATEMENT**

Does the registrant have any allergies? If yes, please explain:

\_\_\_\_\_

Does the registrant have any dietary restrictions? If yes, please explain:

\_\_\_\_\_

Does the Registrant require medications? If so, please list any medications and instructions for administering:

\_\_\_\_\_

Primary Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Are there any modifications/accommodations needed to enable the registrant to participate? If so, please explain:

\_\_\_\_\_

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.

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

PLEASE PRINT

Activity: \_\_\_\_\_

Group: \_\_\_\_\_

Date(s): \_\_\_\_\_

Participant Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Street \_\_\_\_\_

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:

\_\_\_\_\_  
(INSERT Department contact name, address and phone number)

**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, illness, 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 and illness, up to and including death, may occur (*INSERT activities below*):

Participation in group activities (including but not limited to getting acquainted, problem solving, team building, or recreation); participation in indoor and outdoor activities; Work with project specific tools and equipment; May work with small or large animals

**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 or illness 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, illnesses, 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 Code of Student Conduct, when applicable*) and with any federal, state, city and other 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.

**COMPLETE BOTH SIDES OF THIS FORM**



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, illness, 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 or illnesses that I may sustain while participating in any activity associated with the ACTIVITY.

\*If your participation requires an accommodation, please contact \_\_\_\_\_ at least one week (7 days) before the date of the ACTIVITY. (INSERT Department contact name and phone number)

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.

COMPLETE BOTH SIDES OF THIS FORM

**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.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
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 (cell phones, computers, tablets, mp3 players, game devices, 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 (e.g., tobacco, alcohol, illicit drugs, fireworks).
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 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; and, any other additional safety policies established by a specific event or program.)

*I have read and agree to the Code of Conduct above. 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.*

\_\_\_\_\_  
Print: Member's Name

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

*Revised July 2017, M. Lesmeister  
Reviewed by: P. Rose, D. Hart, M. Lesmeister, R. Dixon, M. Livesay, D. White*

OREGON STATE UNIVERSITY EXTENSION SERVICE OFFERS EDUCATIONAL PROGRAMS, ACTIVITIES, AND MATERIALS WITHOUT DISCRIMINATION BASED ON AGE, COLOR, DISABILITY, FAMILIAL OR PARENTAL STATUS, GENDER IDENTITY OR EXPRESSION, GENETIC INFORMATION, MARITAL STATUS, NATIONAL ORIGIN, POLITICAL BELIEFS, RACE, RELIGION, REPRISAL, SEX, SEXUAL ORIENTATION, VETERAN'S STATUS, OR BECAUSE ALL OR A PART OF AN INDIVIDUAL'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM. OREGON STATE UNIVERSITY EXTENSION SERVICE IS AN AA/EOE/VETERANS/DISABLED.

## 4-H Adult Agreement

### Working in Programs and Activities with Minors

OSU Extension 4-H Youth Development Programs are committed to serving all youth (within age requirements) who are interested in learning and growing in 4-H. Adults are role models and guides. Adults support positive youth development when they provide safe environments as an important part of 4-H programming.

As a condition of involvement in the OSU 4-H Youth Development Program, as defined in University Policy 07-040 (Safety of Minors), all employees and volunteers must review the *Standards of Behavior* prior to working in a youth program, and annually. The statements below reflect that policy, as of the date of this document. To view the most current policies any time, go to: <http://blogs.oregonstate.edu/youthsafety/appendix/c/>

#### As a volunteer, parent or support adult in OSU Extension 4-H programs/activities:

- I will abide by the OSU, Extension and 4-H Code of Ethics, including:
  - I will use resources wisely, ethically, and prudently to achieve the 4-H educational mission.
  - I will accept responsibility for personal choices and actions; not assign or shift blame or credit.
  - I will treat others courteously. Be a positive role model. Exhibit good sportsmanship.
  - I will demonstrate honesty and make decisions based upon the greater good.
- I understand that I am responsible for reading and following rules and guidelines set by the program, as well applicable university policies, local, state, federal laws.
- I will accept support and/or guidance from Extension program staff, supervisors or designees.
- I will focus on the educational mission of the land grant university, making 4-H programming available to all youth under the equal opportunity policies. (4-H programs are accessible without regard to race, color, religion, gender, gender identity, national origin, age, marital status, disability, and veteran status.) I will demonstrate respect toward the rights and dignity of others; show concern for the welfare of others; expect equality and impartiality; refrain from discriminating against, harassing, or threatening others.
- I will ensure that there are adequate levels of supervision for youth during programming.
- I will establish and maintain safe environments for all participants. I understand that I will not be alone with a single, unrelated youth in the context of a university program or activity. If one-on-one time is necessary, we will meet in an open area within sight or sound of another adult in the program.
- I will limit communication with minors to topics related to educational and program purposes. I will include a second adult when conducting virtual interactions and online communications ( i.e., text messaging, email, phone, social media, etc.) with minors in a manner that is consistent with the general youth safety and supervision guidelines.
- I will act responsibly to protect participants and keep information confidential (e.g., health forms) and limited to those who need-to-know.





- I will provide for physical and emotional needs of participants during programs. Communicate and model that verbal, emotional, or physical mistreatment is unacceptable. I will not administer corporal punishment.
- I will act quickly to report known or suspected child abuse or neglect in accordance with Oregon State Statute and OSU reporting requirements.
- I will only release minors to authorized parents, guardians or others as requested in writing by the parent/guardian.
- I will not use alcohol, marijuana, or other mind-altering drugs, or be under those influences, while responsible for youth or OSU Extension 4-H programs.
- While planning fundraising, I will help ensure that the promotion and activities are approved through Extension staff to ensure appropriate use of the 4-H Name & Emblem. Handle fundraising and funds in accordance with OSU university and national 4-H regulations. *(As public assets, 4-H funds must be used for educational purposes and never deposited into an individual's bank account.)*
- I will handle equipment and machinery in a safe and responsible manner, including having a valid operator's license and required insurance coverage.
- In my role, I will provide appropriate care and treat animals humanely. I will help others do the same.
- I will promptly report to my supervisor, any violation of law or university policy about which I become aware, including harassment, sexual misconduct, illegal or fraudulent activity, conflicts of interest or other unethical conduct in the 4-H Youth Development Program.
- As a volunteer, I will notify the Office of Human Resources or Dept of Public Safety within 3 days if I plead guilty or am being convicted of a felony, sex offense or crime (e.g., involving youth, funds, weapons, drugs).

***The purpose of this '4-H Adult Agreement' is to clarify responsibilities of adults regarding safety and well-being of youth. It is a privilege, not a right, to work in 4-H Youth Development Programs. Individual actions contrary to the statements above may be grounds for non-acceptance, suspension or dismissal from an OSU 4-H volunteer role, and/or participation in OSU 4-H activity(s).***

Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**CHECK ALL THAT APPLY**

I am a: \_\_\_ 4-H Volunteer \_\_\_ 4-H Parent/Guardian \_\_\_ Person Responsible for a 4-H Youth

Oct. 2020

Sources: OSU Code of Ethics (July 2014 00475607;1) and OSU Extension 4-H Code of Ethics (July 2017)

OSU Extension 4-H Volunteer Development, 4-H Program Leader, OSU Extension Regional Directors, County 4-H Professionals





Oregon State  
University

# Jackson County 4-H Projects

Available to ages 9 – 19 as of 9/1/2020



## Animal Science

Beef  
Cavy (Guinea Pig)  
Dogs (Obedience, Sporting, Guide Dogs)  
Exotics & Pets  
Goats - Dairy  
Goats - Meat  
Horse & Pony  
Livestock Judging  
Pigeons & Doves  
Poultry  
Rabbits  
Sheep  
Swine

## Citizenship & Civic Education

Global Citizenship (International Exchange)  
Interstate Exchange

## Plant Science / Horticulture

Container Gardening  
Gardening, Flowers & Ornamentals  
Gardening, Fruits, Vegetables & Herbs

## 4-H Cloverbuds

Ages 5 – 8 as of 9/1/2020. Sign-up for Cloverbud project only.

## Communication & Expressive Arts

Arts (painting, wood carving, sculpting, rubber stamping)  
Crafts (scrapbooking, etc.)  
Creative Writing/Journalism  
Drama  
Fiber Arts (Quilting, Embroidery, Cross Stitch)  
Photography  
Public Speaking

## Family & Consumer Sciences

Clothing & Sewing  
Food Preservation  
Foods & Nutrition  
Knitting & Crocheting

## Leadership & Healthy Living

4-H Ambassador / Leadership Development  
Camp Counseling / Leadership Development  
Jr/Teen Leader / Leadership Development  
Teens as Teachers / Leadership Development

## Natural Science

Environmental Science  
Water Quality & Education  
Wildlife Stewards / Science

## Outdoor Education & Recreation

Archery  
Muzzleloading  
Oregon Western Heritage  
Pistol - Smallbore  
Rifle - Air  
Rifle - Smallbore  
Shotgun

## Science, Technology, & Engineering

Energy (Wind & Solar)  
Engineering (Robotics, Wearable Technology)  
Robotics / Lego  
Wood Science / Woodworking

**This List Contains Projects That Have Current Leaders**



**Oregon State**  
University

# Oregon County 4-H Projects



Available to ages 9 – 19 as of 9/1/2020

(This List Contains ALL Available Projects offered through Oregon 4-H)

## Animal Science

Beef  
Cats  
Cavy (Guinea Pig)  
Dogs (Obedience, Sporting, Guide Dogs)  
Exotics / Pets  
Goats - Dairy  
Goats - Fiber or Pygmy  
Goats - Meat  
Horse & Pony  
Livestock Judging  
Llamas / Alpacas  
Pigeons & Doves  
Poultry  
Rabbits  
Sheep  
Swine  
Veterinary Science

## Citizenship & Civic Education

Citizenship  
Cultural Education  
Global Citizenship (International Exchange)  
Interstate Exchange

## Plant Science / Horticulture

Beekeeping/Pollinators  
Container Gardening  
Gardening, Flowers & Ornamentals  
Gardening, Fruits, Vegetables & Herbs

## 4-H Cloverbuds

Ages 5 – 8 as of 9/1/2020. Sign-up for Cloverbud project only.

## Communication & Expressive Arts

Arts (painting, wood carving, sculpting, rubber stamping)  
Cake Decorating  
Ceramics and Pottery  
Crafts (scrapbooking, etc.)  
Creative Writing/Journalism  
Drama  
Fiber Arts (Quilting, Embroidery, Cross Stitch)  
Graphic Arts  
Leathercraft  
Performing Arts (music and dance)  
Photography  
Public Speaking  
Videography

## Family & Consumer Sciences

Child Care / Development  
Clothing & Sewing  
Designing Spaces  
Economics, Business, & Marketing  
Food Preservation  
Foods & Nutrition  
Knitting & Crocheting

## Leadership & Healthy Living

4-H Ambassador / Leadership Development  
Camp Counseling / Leadership Development  
Career Exploration  
Health, Fitness, & Sports  
Jr/Teen Leader / Leadership Development  
Teens as Teachers / Leadership Development

## Natural Science

Entomology  
Environmental Science  
Forestry (Jr. Master Naturalist)  
Geology  
Marine Science  
Water Quality & Education  
Weather and Climate Science  
Wildlife Stewards / Science

## Outdoor Education & Recreation

Angler Education / Aquatics  
Archery  
Bicycle Project  
Hunting Skills  
Muzzleloading  
Oregon Western Heritage  
Outdoor Recreation (Hiking, camping, watercraft, outdoor cooking)  
Pistol - Smallbore  
Rifle - Air  
Rifle - Smallbore  
Shotgun

## Science, Technology, & Engineering

Aerospace / Rocketry  
Astronomy  
Computers  
Electricity / Electronics  
Energy (Wind & Solar)  
Engineering (Robotics, Wearable Technology)  
Robotics / Lego  
Small Engines  
Wood Science / Woodworking