

Fill out all pages and return to:

Honour Bowen, Union County Extension, 10507 N McAliser Rd, Rm 9, OR 97850

Name _____ Phone _____

Parent/Guardian _____ Cell Phone _____

Mailing Address _____

City _____ Zip _____

E-mail _____ Female Male Grade _____

T-shirt Size (check one): S M L XL XXL
(Adult size)

Registration Fee \$60
Make Checks payable to: **Union County 4-H Assoc.**

Diet requirement/allergies: _____

Any special needs: _____

OSU Extension programs will provide reasonable accommodation to persons with physical or mental disabilities. Contact the Union County Extension office to request reasonable accommodation, 541-963-1010.

Besides parent/guardian, another person to contact in an emergency:

Name _____ Relationship _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Our signatures below indicate that:

- We give permission for photos or video tapes of the member to be reproduced for promotional or educational purposes.
- We give permission for the member to participate in and or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- We understand that participation in surveys and evaluations is voluntary and that the member may choose not to participate in surveys or evaluations without any impact on his or her eligibility to participate in the 4-H program.
- We understand that the member will be asked for his or her verbal consent before completing a survey or an evaluation.
- We understand that failure to abide by the policies and regulations governing the 4-H program may result in loss of membership privileges.
- There will be a nurse on duty at the retreat.

Member's signature

Date

Parent's signature

Date

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.

OFFICIAL 4-H HEALTH FORM Rev. 1-2015

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)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
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