2019-20 4-H Member Enrollment Form

All Forms and fees due in Extension Office by May 1, 2020 (January 31, 2020 for reduced fees)

Legal Name (please print) ____________________________ Last First Middle Preferred Name

Family Address
Street/Mailing Address ____________________________________________________________________________
City Zip

Family Primary Phone ____________________________________________________________

Family E-mail __________________________________________________________________________________

Age as of Sept. 1, 2019 ____________ Birth Date ____________________________________________________________________________ Gender □Male □Female

Number of years in 4-H (counting this year) ____________ Open to all youth, age 5 -19 by Sept. 1 & not yet graduated from high school

Member's E-mail (if applicable) ____________________________________________________________________________

Member Cell Phone ______________________ Is it okay to text this number? Yes □ No □ Cell Phone Company _____________

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

Parent 1 ____________________________________________________________________________________________
Parent 2 ____________________________________________________________________________________________

Home Work Home Work

Cell Phone Cell Phone

Occupation Occupation

Other E-mail ________________________________________________________________________________________

Sibling full names (enrolled in 4-H this year) ____________________________________________________________________________

Has Health Considerations? Yes □ No □ Explain: ____________________________________________________________________________

List any special accommodation for a disability to participate in this program. ____________________________________________________________________________

Ethnicity (check one) □Hispanic □Not Hispanic

Race (check one) □White □Black □Alaskan/American Indian □Hawaiian-Pacific. Island □Asian □Prefer Not to State

Residence (check one) □Farm □Rural non-farm or town less than 10,000 □Town/10,000 - 50,000 □City/suburb over 50,000

Member of Military? Y N What Branch? __________________ Reserve or Guard? __________________

School __________________________ Grade _______

4-H Enrollment Fees Make checks payable to: POLK COUNTY EXTENSION

All Youth Age 5-19 (including Cloverbuds) Enrollment fees includes insurance
1 or 2 children per family $40 each $20 each child
Additional children per family

Until Jan. 31, 2020 $50 each $20 each child
Feb. 1, 2020 and after

Enrollment fee waived for 1st year members. Scholarship assistance maybe available

For Office Use only:
□Health Form on file □Liability Waiver on file
□Photo/Media Release on file □Code of Conduct on file
1st year ______ Other ______ Cash $_______
Check #_______ Check Amount $_______ Date________________
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Oregon State University Extension Service prohibits discrimination in all its programs, services, activities, and materials on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, genetic information, veteran’s status, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)
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:  ______________________________________________________________________________

Address:  ______________________________________________________________________________

Participant is:   ☐ Adult   X Youth   ☐ Male   ☐ Female

Emergency Contact:  ____________________________ - ____________________________

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 ____________________________
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 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

OREGON STATE UNIVERSITY EXTENSION SERVICE OFFERS EDUCATIONAL PROGRAMS, ACTIVITIES, AND MATERIALS WITHOUT DISCRIMINATION BASED ON AGE, COLOR, DISABILITY, FAMILY 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/EDE/VETERANS/DISABLED.
OSU Extension 4-H Adult Agreement

OSU Extension 4-H 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.

The purpose of this Adult Agreement is to clarify responsibilities of adults/supervisors regarding safety and well-being of youth in 4-H Programs. It is a privilege, not a right, to work with youth.

The Oregon State University requests that all employees, volunteers, and others acting on behalf of OSU to:

A. Demonstrate honesty and make decisions based upon the greater good.
B. 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.
C. Use resources entrusted to our care wisely, ethically, and prudently to achieve the educational mission.
D. Accept responsibility for personal choices and actions; not assign or shift blame or credit.

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

1. Focus on the educational mission of the land grant university, including the equal opportunity and anti-discrimination policies. (4-H programs are accessible without regard to race, color, religion, gender, gender identity, national origin, age, marital status, disability, and veteran status.)
2. Obey local, state, federal laws. Follow guidelines for county, state, and national 4-H programs.
3. Accept support and/or supervision from Extension program staff or designees.
4. Treat others courteously. Be a positive role model. Exhibit good sportsmanship.
5. Report suspected abuse as required by OSU. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate and model that verbal, emotional, or physical mistreatment is unacceptable within the program.
6. Establish and maintain safe environments for all participants. Act responsibility to protect participants, and keep confidential information (e.g., health forms) for those who need-to-know.
7. Not use alcohol, marijuana, or other mind-altering drugs, or be under those influences, while responsible for youth or OSU Extension 4-H programs.
8. Have fundraising promotion and activities approved through Extension staff to ensure appropriate use of the 4-H Name & Emblem. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. (As public assets, 4-H funds must be used for educational purposes and can never be deposited into a private individual’s bank account.)
9. Handle equipment and machinery in a safe and responsible manner. Operate vehicles only with a valid operator’s license and required insurance coverage.
10. When animals are present, give appropriate care and treat them humanely. Help others do the same.

Individual actions contrary to the statements above may be grounds for an adult to be removed from the 4-H program/activity area; or non-acceptance, suspension or dismissal from a 4-H volunteer role.

Sign ______________________________________________________________     Date________________
Print Name _________________________________________________________________________________

CHECK ALL THAT APPLY
I am a: ___ 4-H Volunteer        ___ 4-H Parent/Guardian     ___ Person w/ responsibility for a youth in 4-H

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
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: All 4-H Club sponsored activities

Group: 4-H Club Membership

Date(s): 2019-2020

Participant Information
Name: ____________________________  Age: __________  Sex: __________

Street Address: ______________________

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 Extension, Polk County, 289 E. Ellendale, Suite 301, Dallas, OR 97338 Ph: 503-623-4935

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 a project.) I understand that I may contact an OSU Extension employee to learn more about 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.

ERS 50.01.15
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 Extension Polk County 503-623-8395 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.

ERS 50.01.15
ANIMAL SCIENCE
Beef
Poultry
Pigeons & Doves
Turkeys
Dairy Cattle
Horses & Ponies
Rabbits
Cavies
Dogs
Other Animals (Pets)
Sheep
Swine
Goats, Dairy
Goats, Fiber
Goats, Pygmy
Goats, Meat
Veterinary Science

EXPRESSIVE ARTS
Art
Ceramics
Photography
Cake Decorating
Leather Craft
Fiber Arts

HOME ECONOMICS
Designing Spaces
Clothing/Textiles
Knitting
Crocheting
Food & Nutrition
Food Preservation
Outdoor Cookery
Business, Entrepreneur & Finance

NATURAL SCIENCE
Entomology
Angler Education/Aquatics
Geology
Marine Science
Forestry
Outdoor Ed & Recreation
Archery
Rifle
Pistol

HORTICULTURE
Container Gardening
Vegetables & Herbs
Flowers & Ornamentals

LEADERSHIP/CITIZENSHIP
Cultural Education
Leadership Development Programs
(Includes Junior Leadership, 4-H Ambassador and Camp Counselors)

Cloverbuds (Ages 5-8) 5 years old as of 9/1/2019
Ask us about other 4-H projects

Club openings are not guaranteed. We do not have 4-H Leaders for all project areas.

Revised 8/29/2019