

Member Enrollment Form

4-H Year: 2016-2017



Family Last Name: _____

Family Phone: _____

Family Email: _____ Club: _____

Preferred Correspondence Method: Postal Mail Email

Member Information ** indicates required fields*

* First Name	Middle Name
* Last Name	Member Email
* Mailing Address	* City
* State	* Zip Code
* Birth Date	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Primary Phone	Member Cell Phone
I wish to receive notices via text message <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent / Guardian 1 ** indicates required fields*

* First Name	* Last Name
Cell Phone	Work Phone
Home Phone	Email Address

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Home Phone	Email Address

Enrollment ** indicates required fields*

* School Grade	School Name
* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural area where ag. products are raised) <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs
Military	<input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

Health Information

Provide any health related information you feel others should know, in order to maximize this 4-H participant's safety and well-being:

Please list any allergies or reactions to drugs, foods or things in nature:

Please list any other concerns, including dietary concerns or restrictions

Emergency Contact Information if parent/guardian cannot be reached

** indicates required fields*

* Name

* Primary (best to call) phone number:

Alternate phone number:

Additional alternate phone number:

* Relationship to member:

* Name

* Primary (best to call) phone number:

Alternate phone number:

Additional alternate phone number:

* Relationship to member:

Accommodations ** indicates required fields*

*Do you require an accommodation for a disability to participate in this program?

Yes No

Member Signature _____ Date _____

Parent Signature _____ Date _____

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CODE OF CONDUCT FOR 4-H MEMBERS

Name _____ County _____

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

While attending 4-H activities and events, I will:

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- Be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with others using the substances.

While attending overnight events, I will also:

- Not leave the activity or event unless permission is secured from my agent or chaperone.
- Not use my personal vehicle when it is not allowed by an event or trip.
- Care for the lodging property and respect the rights of other guests of the facility and observe all rules instituted by the property.
- Be in my sleeping area and stay there after curfew time and be out each day by the set time.
- Not enter the sleeping areas of members of the opposite gender and not invite non 4-H participants to the sleeping areas.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to do so could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

Member Signature _____ Date _____

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I will support the individual(s) in charge in maintaining appropriate behavior.

Parent/Guardian Signature _____ Date _____



**MONTANA
STATE UNIVERSITY**

EXTENSION



**Montana 4-H Center
FOR YOUTH DEVELOPMENT**

MEDIA RELEASE FORM

Montana State University Extension

Name of participant: _____

County: _____ 4-H Year: _____ - _____

MSU Extension - 4-H would like to use photos or video of your child during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.

I DO authorize the use of photos or video of my child at 4-H events or activities.

I DO NOT authorize the use of photos or video of my child at 4-H events or activities.

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

Parent or Guardian Signature _____ Date _____



Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____ Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- | | |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems | <input type="checkbox"/> Any allergies to food or plants |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar) | <input type="checkbox"/> Special diet or food restrictions |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect) | <input type="checkbox"/> Are you currently under a doctor's care? |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Are you currently taking medications? |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication | |

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do hereby give permission to _____

PARENT/GUARDIAN Name

CHAPERONE Name

to seek and obtain any medical care necessary for my child _____

YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____



MONTANA STATE UNIVERSITY

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Montana 4-H Center FOR YOUTH DEVELOPMENT

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.