Member – Enrollment Form 4-H Year: 2016-2017

County: Stillwater

Family Last Name: _____
(this name will be used on mailing labels)

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	☐ Male ☐ Female
* Primary Phone		Member Cell Phone	
I wish to receive notices via text message	☐ Yes ☐ No	Cell Phone Provider	

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	

Second Household

Send Correspondence	☐ Yes ☐ No	Family Name	
First Names		Primary Phone	
Address		City	
State		Zip Code	
Email			

Enrollment * *indicates required fields*

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

Additional Information

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

Photo Release * *indicates required fields*

* May we use photographs of your child for 4-H press releases or publicity?	☐ 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

YOUTH | Montana 4-H Center FOR YOUTH DEVELOPMENT

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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** _____

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