

4-H YOUTH NEW ENROLLMENT FORM

UNIVERSITY OF CALIFORNIA – COOPERATIVE EXTENSION



NAME OF 4-H CLUB/UNIT _____	DATE OF ENROLLMENT _____
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FIRST NAME _____		LAST NAME _____	
MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP _____	RESIDENCY: I live on a farm <input type="checkbox"/>
(____) _____ HOME PHONE (WITH AREA CODE)	(____) _____ CELL/FAX (WITH AREA CODE)	E-MAIL ADDRESS _____	

PARENT/GUARDIAN INFORMATION			
FIRST NAME _____		LAST NAME _____	
		(____) _____ WORK/DAYTIME PHONE NUMBER	
INFORMATION OF PARENT LIVING SEPARATELY (Optional) CHECK HERE TO PLACE ADDITIONAL PARENT ON 4-H MAILING LIST			
FIRST NAME _____		LAST NAME _____	
		(____) _____ HOME PHONE NUMBER	
MAILING ADDRESS _____		CITY _____	
		STATE _____	
		ZIP _____	

ETHNICITY: <i>(check all that apply)</i> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male NUMBER of YEARS IN 4-H: _____ <i>(including this year)</i>	BIRTH DATE: _____ / _____ / _____ Month Day Year _____ AGE
NAME OF SCHOOL _____	GRADE _____	

PROJECT INFORMATION					
Club/Unit Name	Project Code <i>(see reverse)</i>	Project Name	Jr./Teen Leader		Year in Project <i>(including this year)</i>
1.			Yes	No	
2.			Yes	No	
3.			Yes	No	
4.			Yes	No	
5.			Yes	No	
6.			Yes	No	
7.			Yes	No	

By signing this document, parent/guardian and member certify that they have read, understand, and agree to the terms of the following: > 4-H Code of Conduct > Photo Release Statement Enrollment in 4-H and an updated <i>Medical Treatment Form</i> and waiver of liability must be renewed annually.			
Signature of Youth _____	Date _____	Signature of Parent/Guardian _____	Date _____

County Use Only			Club Use Only			
Member ID#	Family ID#	Waiver of Liability	Date Received	Code of Conduct	Medical Release Form	Cash or Check # _____
						Fees Paid \$ _____

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by Cooperative Extension of the University of California for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on him or her by contacting the local UCCE County Director; 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director, DANR - Statewide 4-H, One Shields Ave. Davis, CA 95616-8575.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to comply with Title VI of the Civil Rights Act of 1964 and sex information is requested to comply with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes the following:

birthdate/age sex ethnic information residence location project name & number

Submission of the above noted information is voluntary. If the information is not submitted by the source, the County Extension 4-H Advisor may use his or her judgment to complete the information and satisfy Federal reporting requirements.

Other personal information on this form is being collected to provide the County Extension 4-H Advisors with information to assist them in program planning. This information consists of the following:

name/address phone name of school year in 4-H club/group name club/group number
date junior teen name of parent or guardian year in project date of birth grade

Submission of the above noted information is voluntary for membership in all organized 4-H Clubs and in some 4-H Groups and activities as designated by the County Extension 4-H Advisor in charge. If the information is not submitted, the County Extension 4-H Advisor may not contact and/or include the individual in 4-H programs within the county. In addition, the information must be on file in the county office as mandatory proof of enrollment for individuals in the above mentioned clubs or groups, for purposes of 4-H accident insurance coverage.

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 300 Lakeside Dr., 6th Floor, Oakland, CA 94612-3550 (510) 987-0096.

CALIFORNIA 4-H PROJECTS

ANIMAL SCIENCE

2-A ANGORA GOATS
2-B DAIRY GOATS
2-C PYGMY GOATS
2-D BEEF CATTLE
2-E DAIRY CATTLE
2-F SERVICE ANIMALS
2-G DOG CARE & TRAINING
2-H ENTOMOLOGY
2-I BEES
2-J HORSES & PONIES
2-K PETS & SMALL ANIMALS
2-L LLAMA
2-M RABBITS
2-N CAVIES
2-O SHEEP
2-P SWINE
2-Q VETERINARY SCIENCES
2-R POULTRY & GAME BIRDS
2-S EXOTIC BIRDS
2-T EMBRYOLOGY
2-U THERAPEUTIC ANIMALS
2-V LIVESTOCK JUDGING

ENGINEERING

3-A AEROSPACE & ROCKETRY
3-B AUTOMOTIVE
3-C BICYCLES
3-D ELECTRICITY/ELECTRONICS
3-E GENERAL ENGINEERING
3-G SAFETY
3-I SMALL ENGINES
3-J FARM MACHINERY
3-K WOODWORKING
3-L METAL WORK/WELDING

FAMILY & CONSUMER SCIENCE

4-A CHILD DEVELOPMENT & CARE
4-B CLOTHING & TEXTILES
4-C CONSUMER EDUCATION
4-E FOODS-NUTRITION
4-F FOOD PRESERVATION
4-H HOME ARTS & FURNISHING
4-I MANAGEMENT, HOME & PERSONAL
4-K PARENTING & CHILDHOOD
EDUCATION (PACE PROGRAM)
4-L FASHION REVUE

HEALTH AND LEISURE

5-A CAMPING & OUTDOOR ADVENTURE
5-B CREATIVE ARTS, CRAFTS & HOBBIES
5-C HEALTH & PHYSICAL FITNESS
5-D INDIVIDUAL & GROUP SPORTS
5-E LEATHER CRAFT
5-G PHOTOGRAPHY
5-H CULTURAL ARTS & LEISURE ED.
5-S SHOOTING SPORTS

PLANT SCIENCE

6-A FIELD CROPS & MANAGEMENT
6-C FORESTRY/CHRISTMAS TREES
6-D FRUITS, NUTS & BERRIES
6-F INDOOR/MINI GARDENS
6-G ORNAMENTAL HORTICULTURE
6-H OTHER PLANT SCIENCE
6-I SUGAR BEETS
6-K VEGETABLE GARDENS & CROPS

RESOURCE SCIENCE

7-A CLIMATOLOGY
7-B ENERGY MANAGEMENT
7-C MARINE BIOLOGY
7-D OCEANOGRAPHY
7-E OTHER RESOURCE SCIENCE
7-F SOIL & WATER CONSERVATION
7-G WILDLIFE
7-H SCIENCE LITERACY (YES, SERIES,
ANIMAL AMBASSADORS)

SOCIAL SCIENCE

8-A BEGINNING 4-H
8-B CAREER EXPLORATION
8-C CITIZENSHIP
8-D COMMUNITY PRIDE
8-E COMMUNICATIONS
8-F DOMESTIC EXCHANGES
8-G ECONOMICS & MARKETING
8-H GRAPHIC ARTS
8-I INTERNATIONAL EXCHANGES
8-J LEADERSHIP DEVELOPMENT
8-K COMPUTERS
8-L SELF-DETERMINED
8-M GROUP DETERMINED
8-N INTERNATIONAL EDUCATION

For project resources, be sure to get a copy of the **California 4-H Curriculum Catalog** and visit the California 4-H WWW at:
<http://www.ca4h.org>

MEDICAL TREATMENT FORM B MINOR

University of California 4-H Youth Development Program

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

My Child _____ has my permission to attend the
Name of child
_____ Located at or near _____
Name of 4-H club, activity or event City or town
in _____ Between the dates of _____ and _____
State or county

While my child is attending or traveling to or from this 4-H function, **I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR STAFF MEMBER**, or in his/her absence or disability, any adult accompanying or assisting him/her, **TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:**

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.: or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

_____	_____	_____
Date	Signature of parent/legal guardian	Emergency phone DAY
_____	_____	_____
Mailing address	Zip code	Emergency phone NIGHT

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the County 4-H Office informed.

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

SIGNATURE

DATE

PLEASE COMPLETE THE HEALTH HISTORY INFORMATION ON THE REVERSE SIDE.

University policy and the State of California Information Practices Act of 1977 requires the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide needed medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, CA 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as follows: None.

CONTINUED ON BACK

HEALTH HISTORY INFORMATION

(This information is confidential and will be used only in case of emergency.)

Name of 4-H Member: _____

Social Security Number: _____
(optional)

Date of Birth: ____ / ____ / ____
month day year

Is your child subject to:	Yes	No	Does your child have or has ever had:	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>

Is the child currently under any type of medical treatment? Yes No

Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationships with authority figures or peers, or abnormally severe moodiness ? Yes No

Has the child been under psychiatric treatment within the past three years? Yes No

Date of Child=s last Tetanus Vaccination: _____

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
/ /		
M	D	Y

Please identify over-the-counter medications that we may administer. For example: Antacid, Aspirin.

Please identify child=s allergies, including allergies to food, medications, or drug reactions you know about:

Please list any disabilities or disorders that may affect your child=s participation at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications that child is presently taking:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>

Remarks and any special instructions. Please explain any Yes answers on this page.

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 300 Lakeside Dr., 6th Floor, Oakland, CA 94612-3550 (510) 987-0096.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. W.R. Gomes, Director of Cooperative Extension, University of California.

4-H Youth Development Program Code of Conduct

The following guidelines are designed to make the 4-H experience satisfying to all 4-H members. While participating, 4-H members shall:

- Respect the individual rights, safety, and property of others;
- Avoid displays of overly affectionate behavior;
- Not participate in obscene and/or discriminatory language, roughhousing, nor be insubordinate to the leader in charge of the event or chaperones;
- Not possess or use weapons, alcoholic beverages and/or illegal drugs at any 4-H event, activity, or meeting;
- Not participate in gambling or other games where money is used to wager;
- Abide by all rules of an attended event, activity or meeting.

PENALTIES FOR INFRACTIONS:

Penalties and or disciplinary action for infractions of this Code of Conduct may include any or all of the following:

- Sending a member home;
- Barring that member from future 4-H events;
- Assessing the member the cost of damages and repairs in the event of damage/destruction of property;
- Releasing the member to nearest law enforcement agency and/or the proper authorities;
- Termination of 4-H membership.

Parents will be notified of action taken.

By my signature on the 4-H Youth Enrollment Form, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document.

4-H Youth Development Program Photograph Release Statement

I understand that the photograph(s) taken of me by agents, employees, or representatives of The Regents of the University of California shall be used in connection with the University's dissemination of information on its public service and academic programs to the general public.

I hereby irrevocably authorize The Regents of the University of California and its agents, employees, or representatives to copy, exhibit, publish, or distribute any and all such photographs of me or wherein I appear, including composite or artistic representations, and to use said photographs in all forms and media for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, where in my photograph(s) appears.

By my signature on the 4-H Youth Enrollment Form, I acknowledge receipt and understanding of this release statement.

Participant's Name _____ Age (if minor) _____

Please Print

County _____

UNIVERSITY OF CALIFORNIA
DIVISION OF AGRICULTURE & NATURAL RESOURCES
4-H Youth Development Program

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in *California 4H Youth Development Activities and Projects*, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in *California 4-H Youth Development Activities and Projects*.

Signature of Parent/Guardian of Minor or Adult Participant

Date

Assumption of Risks: Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in *California 4-H Youth Development Activities and Projects* and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor or Adult Participant

Date

This waiver applies to all California 4-H Youth Development Activities and Projects including, but not limited to project meetings, club meetings, educational field days, field trips, camps, exchange programs, fund raisers, community service activities, volunteer trainings, fairs, and projects shown below:

California 4-H Youth Development Projects

ANIMAL SCIENCE

2-A ANGORA GOATS
2-B DAIRY GOATS
2-C PYGMY GOATS
2-D BEEF CATTLE
2-E DAIRY CATTLE
2-F SERVICE ANIMALS
2-G DOG CARE & TRAINING
2-H ENTOMOLOGY
2-I BEES
2-J HORSES & PONIES
2-K PETS & SMALL ANIMALS
2-L LLAMA
2-M RABBITS
2-N CAVIES
2-O SHEEP
2-P SWINE
2-Q VETERINARY SCIENCES
2-R POULTRY & GAME BIRDS
2-S EXOTIC BIRDS
2-T EMBRYOLOGY
2-U THERAPEUTIC ANIMALS
2-V LIVESTOCK JUDGING

ENGINEERING

3-A AEROSPACE & ROCKETRY
3-B AUTOMOTIVE
3-C BICYCLES
3-D ELECTRICITY/ELECTRONICS
3-E GENERAL ENGINEERING
3-G SAFETY
3-I SMALL ENGINES
3-J FARM MACHINERY
3-K WOODWORKING
3-L METAL WORK/WELDING

FAMILY & CONSUMER SCIENCE

4-A CHILD DEVELOPMENT & CARE
4-B CLOTHING & TEXTILES
4-C CONSUMER EDUCATION
4-E FOODS-NUTRITION
4-F FOOD PRESERVATION
4-H HOME ARTS & FURNISHING
4-I MANAGEMENT, HOME & PERSONAL
4-K PARENTING & CHILDHOOD EDUCATION (PACE PROGRAM)
4-L FASHION REVUE

HEALTH AND LEISURE

5-A CAMPING & OUTDOOR ADVENTURE
5-B CREATIVE ARTS, CRAFTS & HOBBIES
5-C HEALTH & PHYSICAL FITNESS
5-D INDIVIDUAL & GROUP SPORTS
5-E LEATHER CRAFT
5-G PHOTOGRAPHY
5-H CULTURAL ARTS & LEISURE ED.
5-S SHOOTING SPORTS

PLANT SCIENCE

6-A FIELD CROPS & MANAGEMENT
6-C FORESTRY/CHRISTMAS TREES
6-D FRUITS, NUTS & BERRIES
6-F INDOOR/MINI GARDENS
6-G ORNAMENTAL HORTICULTURE

PLANT SCIENCE (Cont.)

6-H OTHER PLANT SCIENCE
6-I SUGAR BEETS
6-K VEGETABLE GARDENS & CROPS

RESOURCE SCIENCE

7-A CLIMATOLOGY
7-B ENERGY MANAGEMENT
7-C MARINE BIOLOGY
7-D OCEANOGRAPHY
7-E OTHER RESOURCE SCIENCE
7-F SOIL & WATER CONSERVATION
7-G WILDLIFE
7-H SCIENCE LITERACY (YES, SERIES, ANIMAL AMBASSADORS)

SOCIAL SCIENCE

8-A BEGINNING 4-H
8-B CAREER EXPLORATION
8-C CITIZENSHIP
8-D COMMUNITY PRIDE
8-E COMMUNICATIONS
8-F DOMESTIC EXCHANGES
8-G ECONOMICS & MARKETING
8-H GRAPHIC ARTS
8-I INTERNATIONAL EXCHANGES
8-J LEADERSHIP DEVELOPMENT
8-K COMPUTERS
8-L SELF-DETERMINED
8-M GROUP DETERMINED
8-N INTERNATIONAL EDUCATION