

Baker County 4-H Enrollment Form

Return to: Baker County Extension, 1025 W. Macclenny Ave., Mcclenny, FL 32063 or Club Leader

Office Use Only:
Insurance Paid: ___Y/___N



New Enrollment
 Re-Enrollment
 Male
 Female
 Race(s)/Ethnicity: **White** **Black** **Hispanic** **Asian** **Amer.Indian** **PacificIsland**
check all that apply

Youth's Name _____ **Birth Date** ____/____/____
Last First

Address _____ **Home Phone** _____

City/State/Zip _____ **Cell Phone** _____

Location
 Farm
 Rural/10,000
 Town/10-15,000
 Suburb /50,000
 City/50,000
 Email _____

School Name _____ **Grade** _____

Is anyone in the house hold a member of the US military
 Yes
 No
Role(s)
 Member
 Youth Volunteer

CLUB MEMBERSHIP

Club Name _____ **Projects** _____ **New Membership**

Y	N
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Club Name _____ **Projects** _____ **New Membership**

Y	N
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EMERGENCY CONTACT

Primary Guardian #1 _____ **Email** _____ **Occupation** _____
Name

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Primary Guardian #2 _____ **Email** _____ **Occupation** _____
Name

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

HEALTH HISTORY

Name of Family Doctor _____ **Phone** _____

Health Insurance Company _____ **Policy Number** _____

Name of Insured _____ **Relationship to Participant** _____

Do you require accommodation for disability? Y N
 Date of Last Tetanus Shot ____/____/____

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential

	Yes	No	
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Fainting	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Serious Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Wears Glasses	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Wears Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Penicillin Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Aspirin Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Tetanus Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Other Drug Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Serious Ivy, Oak, Sumac	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

The following over-the-counter medications may be administered to my child, without contacting me:

Antihistamine
 Antacid
 Ibuprofen
 Acetaminophen (Tylenol)
 Other _____

Decongestant
 Dramamine
 Hydrocortisone
 Polysporin (Topical Antibiotic)
 NONE

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PUBLICITY RELEASE

I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation

Permission Granted

No, I do not authorize use of my, or my child's, image or voice

SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc) and give permission for my child (under 18 years of age) to complete survey and evaluations that will be used to determine programs
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.
 No, I am not willing to participate - or give permission for my child to participate - in any program evaluation

FLORIDA 4-H EVENTS—CODE OF CONDUCT

As a participant in Florida 4-H Events, you have the responsibility of representing Florida 4-H programs to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family, and 4-H. To do that, you must:

- Be in the assigned program area (ex: dorms, cabins, programs, etc) at all times. If you are unable to attend, please tell the adult in charge
- Follow hours and room rules established before the event begins. You are responsible to know the rules for each event.
- Dress appropriately for each event.
- Be responsible to know and use language and manners appropriate for Florida 4-H
- Act responsibly to maintain a safe environment for all participants
- Know that the use of tobacco, alcohol and non-prescribed drugs is illegal and prohibited at all 4-H events
- Model respect for other persons, facilities and vehicles. You will be personally responsible for any damage caused as a result of your behavior
- Help others have a pleasant experience by making every attempt to include all participants in activities
- Know that harassment of any type is illegal and prohibited at all 4-H events
- Not use a cell phone during any scheduled events. You understand that abuse of this could lead to loss of cell phone privileges or confiscation of your phone.

PARTICIPANT: I have read the 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

4-H Member Signature: _____ Date: _____

VERIFICATION

I, _____ (parent/guardian) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

I have read and understand the Florida 4-H Events Code of Conduct, Publicity Release, and Survey & Evaluation Release.

I hereby release the Florida 4-H Foundation, local extension boards, The University Of Florida, the State Of Florida, Baker County and their agents, trustees, officers, and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs, and activities being provided by Florida 4-H.

Parent/Guardian Signature: _____ Date: _____

Include \$1.00 for accident insurance when submitting this enrollment form.

Include \$2.00 if the member is participating in the horse program.

Last Revision: August 2007 YEP 3 BAK4H003 08/07 Gore, Renee 4-H Agent

In accordance with the Americans with Disabilities Act and Section 286.26, F.S., persons needing accommodations or an interpreter to participate in the proceeding should notice the University of Florida Baker County Extension Service no later than 48 hours prior to the meeting at 904-259-3520 or fax 904-259-9034.

Equal Opportunity/Affirmative Action Institution