Florida 4-H Youth Development Enrollment Form

Family Profile Information

Club Name: __________________________ Secondary Club Name: __________________________

Family Last Name: __________________________ 4-H County: __________________________

Address: __________________________________ City: __________________________ Zip: ________

Family Email Address: __________________________ Member Email: __________________________

Member Profile Information

First Name: __________________________ Middle Name: __________________________ Last Name: __________________________

Preferred Name: __________________________ Address: (if different) __________________________

City: __________________________ State: ________ Zip Code: __________ Birth Date: ______/_____/______

4-H Age on September 1 (start of 4-H year): ______

Home Telephone: (__________) ________ Cell Phone: (__________) ________

☐ Community Club  ☐ In-School Club  ☐ Afterschool Club  ☐ Military Club  ☐ Individual Member

Parent/Guardian 1: First Name: __________________________ Last Name: __________________________

Work Phone: (__________) ________ Cell Phone: (__________) ________

Parent/Guardian 2: First Name: __________________________ Last Name: __________________________

Work Phone: (__________) ________ Cell Phone: (__________) ________

Are you a Youth Volunteer? ☐ No ☐ Junior ☐ Intermediate ☐ Senior * If Senior, additional application needs to be completed.

(4-H ages 8-10)  (ages 11-13)  (ages 14-18)

Gender: ☐ Male ☐ Female  Residence: ☐ Farm  ☐ Town Under 10,000 or rural non-farm  ☐ Town/city 10,000-50,000

☐ Suburb of city more than 50,000  ☐ Central city more than 50,000

Ethnicity: Are you of Hispanic ethnicity? ☐ No ☐ Yes

Race: ☐ White  ☐ Black  ☐ Asian  ☐ American Indian or Alaskan  ☐ Native Hawaiian or Pacific Islander

A Family Member is in: ☐ Air Force  ☐ Army  ☐ Coast Guard  ☐ Navy  ☐ Marines  ☐ National Guard  ☐ Reserves

Grade: __________________________ School: __________________________ Is my 4-H County? ☐ Yes ☐ No

☐ In 4-H in a county different from the County I Live In. County I Live In: __________________________

☐ In 4-H in 2 counties  My 2nd 4-H County: __________________________ Club: __________________________ Project: __________________________ Year: ______

Disability: Do you require accommodation for a disability to participate in 4-H programs? ☐ Yes ☐ No

Describe Disability/Need:

<table>
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<tr>
<th>Project Title</th>
<th>Years In Project</th>
<th>Project Book Title Needed (go to)</th>
<th><a href="http://www.floridad4h.org/projects/index.shtml">http://www.floridad4h.org/projects/index.shtml</a></th>
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Program Fees if Applicable:

Club Fee/Dues Paid: $ ______

☐ Personal Insurance Fee of $1 paid.

☐ Personal Insurance Fee of $2 paid for Horse Project Members.

☐ Purchase of Project Books

Due: $ ______  Paid: $ ______

(Bal. Due: $ ______)

Total Amount Paid: $ ______

Paid by Check ☐  Check #: ______

Paid by Cash ☐

Club Officer: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Reporter

☐ Historian  ☐ Parliamentarian  ☐ Recreation  ☐ Sergeant-at-Arms  ☐ County Council Delegate  ☐ Other ______

Rev 7/26/08
Florida 4-H Participation Form

Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. All items must be completed, if the response is not applicable, indicate by using N/A. This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name__________________________________________ Birth Date: ______/______/______ 4-H Age:______

Last First

Home Address:___________________________________ □ Youth □ Adult □ Female □ Male
City, State, Zip:__________________ Home Phone: (____)__________
Primary Emergency Contact:_________________ Work Phone: (____)__________
Email:______________________________________ Cell Phone: (____)__________
Alternate Emergency Contact:_________________ Telephone: (____)__________
Name of Family Doctor:____________________ Work Phone: (____)__________
Health Insurance Company:____________________ Policy #:__________________
Name of Insured:____________________ Relationship to Participant:__________________

Health History

Does the participant, have, or at any time had, any of the following? Check “Yes” or “No” for each item. Please explain “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.

1) Asthma........................................... □ No □ Yes
2) Bronchitis........................................... □ No □ Yes
3) Convulsions........................................... □ No □ Yes
4) Diabetes........................................... □ No □ Yes
5) Ear Infection........................................... □ No □ Yes
6) Fainting........................................... □ No □ Yes
7) Heart Condition........................................... □ No □ Yes
8) Headaches........................................... □ No □ Yes
9) Hypoglycemia........................................... □ No □ Yes
10) Serious Insect Stings........................................... □ No □ Yes
11) Wear Glasses........................................... □ No □ Yes
12) Wear Contact Lenses........................................... □ No □ Yes
13) Penicillin Allergy........................................... □ No □ Yes
14) Aspirin Allergy........................................... □ No □ Yes
15) Tetanus Allergy........................................... □ No □ Yes
16) Other Drug Allergies........................................... □ No □ Yes
17) Food Allergies........................................... □ No □ Yes
18) Poison Ivy, Oak or Sumac........................................... □ No □ Yes
19) Other Allergies........................................... □ No □ Yes
20) Other Health Conditions........................................... □ No □ Yes

Date of last Tetanus shot:__________________

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

□ Antihistamine □ Antacid □ Ibuprofen (Advil) □ Acetaminophen (TYLENOL)
□ Decongestant □ Dramamine □ Hydrocortisone □ Polysporin (topical antibiotic)
□ Other________________________________________ □ Please contact me for permission to administer ANY over-the-counter medications.

Parent/Guardian Signature:____________________________________ Date:____________

You must complete both sides.

Rev 8/31/08
Florida 4-H Participation Form: Youth and Adults

Official Authorizations

Florida 4-H Events—Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

Participant: Yes ☐ No ☐ I have read the Florida 4-H 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 in the future.

Verification by Parent/Guardian or Adult Participant—

Yes ☐ No ☐ I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

Medical Release: I 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, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical information on the back of this sheet.

Yes ☐ No ☐ I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or 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.

Yes ☐ No ☐ I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must ☒ “No”.

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 the Florida 4-H Foundation.

☐ No, I do not authorize use of my—or my child’s individual 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 surveys and evaluations that will be used to determine program effectiveness or to promote the program. 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 and 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 competing a survey or an evaluation.

☐ No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Member Signature: ______________________________ Date: __________________

Parent/Guardian Signature: ______________________________ Date: __________________

You must complete both sides.

Rev 8/31/08