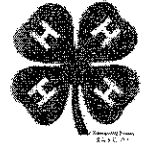


Florida 4-H Youth Development Enrollment Form



Family Profile Information

Club Name: _____ Secondary Club Name: _____
 Family Last Name: _____ 4-H County: BAKER
 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: _____ School is in 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: _____

Project Title	Years in Project	Project Book Title Needed (go to http://www.florida4h.org/projects/index.shtml)	Program Fees if Applicable:
			Club Fee/Dues Paid: \$ _____ <input type="checkbox"/> Personal Insurance Fee of \$1 paid: <input type="checkbox"/> Personal Insurance Fee of \$2 paid for Horse Project Members.
			<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
			Total Amount Paid: \$ _____ Paid by Check <input type="checkbox"/> Check # _____ Paid by Cash <input type="checkbox"/>

Club Officer: President Vice President Secretary Treasurer Reporter
 Historian Parliamentarian Recreation Sergeant-at-Arms County Council Delegate Other _____

Last Name: _____ First Name: _____ 4-H County: BAKER

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.