

Youth Member Information

Email: _____ 4-H County: _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____ Preferred Name: _____

Mailing Address: _____ Mailing Address 2: _____

City: _____ State: _____ Zip Code: _____

Birth Date (MM/DD/YYYY) _____ Gender: Male Female

Member Primary Phone: _____ Correspondence Preference: Mail Email

Member Cell Phone: _____ If you wish to receive notices via text message (list provider): _____

Member Work Phone: _____ Years in 4-H (if any): _____

Parent / Guardian 1

First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Parent / Guardian 2

First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Work Extension _____ **Address** _____

Address 2 _____ **City** _____

State _____ **Zip Code** _____

Home Phone _____ **Email** _____

Second Household

Send Correspondence No Yes **Correspondence Pref.** Postal Mail Email

Family Name _____ **First Names** _____

Primary Phone _____ **Address** _____

Address 2 _____ **City** _____

State _____ **Zip Code** _____

Email _____

Emergency Contact

Name _____ **Phone** _____

Cell Phone _____

Enrollment Demographics (Required to meet 4-H Federal program and funding requirements)

Ethnicity Are you of Hispanic ethnicity? No Yes

Race (check all that apply)

White Black American Indian or Alaskan Native Hawaiian or Pacific Islander Asian Prefer Not to State

Residence

Farm (rural area where agricultural products are sold) 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

No one in my family is serving in the military I have a parent serving in the military

I have a sibling serving in the military

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves

Grade _____ **School Name** _____

School Type

Public School Homeschool / Alternative

Private School Magnet / Specialized School

Special Education Charter School

Vocational Education

4-H and the University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, genetics information, disability, or status as a protected veteran. For concerns about access or opportunity, contact your local county MU Extension center or call 573-882-9359. The University of Missouri complies with the Americans with Disabilities Act of 1990. If you have a disability and need accommodations in connection with this or any part of the enrollment process, contact your local county MU Extension center or call 573-882-9359. Reasonable efforts will be made to accommodate your needs.

Member Signature _____ **Date** _____

Parent / Guardian Signature _____ **Date** _____

Authorizations

Child Photo Authorization

I authorize the University of Missouri to make pictures and sound recordings of my child and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs.

- I agree
 I DO NOT agree. I understand it will be the child's responsibility to not participate in group photos and other occasions where pictures are being taken

Parent/Guardian Signature: _____ Date: _____

4-H Youth Guidelines

All youth who participate in Missouri 4-H Youth Development programs, which are planned, conducted, and supervised by University of Missouri Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines.

1. Be courteous and respect others.
2. Obey all rules established by the University of Missouri Extension 4-H Youth Development program and those of the local club/group as well as local and state laws.
3. Treat all people fairly and animals humanely.
4. Respect the property of others.
5. Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.
6. Use appropriate language and wear acceptable clothing at 4-H activities and events.
7. Show kindness to others and give assistance when needed.
8. Be honest and honor commitments.
9. Strive for personal best and keep trying to improve.
10. Accept responsibility for personal choices

We understand and accept the responsibility for following the 4-H Youth Behavior Guidelines. We further understand that failure to do so may result in disciplinary action and forfeiture of participation privileges.

Youth Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Event Acceptance

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Follow the established agenda and expectations for behavior.
- Use appropriate language and wear acceptable clothing at 4-H activities and events.
- Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

Youth Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Release

If necessary, I approve of officials taking my child, to the nearest healthcare provider for medical treatment. I further understand that, should a health problem arise, I will be notified as soon as possible. If I cannot be reached by phone or other means, I consent to medical treatment, including surgery, as deemed necessary by competent medical personnel.

- I approve medical treatment and my signature below authorizes such treatment
- I DO NOT approve medical treatment (please discuss this decision with 4-H faculty, staff so they fully understand your wishes)

Parent/Guardian Signature: _____ Date: _____

Member/Parent/Guardian Code of Conduct

The mission of the Missouri 4-H Program is to engage youth as valued, contributing members of their communities in partnership with caring adults. The opportunity to participate in and/or volunteer with Missouri 4-H is a privilege and honor, not a right. All youth participants, parents/guardians supporting their child's participation in 4-H, and volunteers are expected to sign the Missouri Code of Conduct before becoming involved with Missouri 4-H. Continued participation in Missouri 4-H is based on individuals meeting the requirements of the program including the Missouri 4-H Youth Code of Conduct and Parent Code of Conduct. For those adults who opt to become a Missouri 4-H volunteer, there is also a 4-H Youth Protection Policy (Code of Ethics for Staff/Volunteers).

The code of conduct applies and will be enforced with 4-H members, 4-H parents and 4-H volunteers as follows:

All 4-H youth and 4-H parents and guardians who participate in or attend University of Missouri ("MU") Extension 4-H Youth Development programs and activities are expected to uphold the values of the MU Extension 4-H Youth Development program and conduct themselves according to the following standards.

These standards apply and will be enforced with 4-H youth and parents and guardians while participating in 4-H programs and activities and at all times when behavior outside of 4-H programs and activities puts 4-H youth at risk or interferes with their participation in 4-H programs and activities, including activities online and on social media.

4-H youth and parents and guardians are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship, including by:

- Contributing to a safe and welcoming environment for all participants
- Treating people and property with respect
- Participating fully in 4-H programs and activities
- Obeying the law and following the rules
- Refraining from possessing, offering, or using alcohol, tobacco, or illegal drugs, and from participating in 4-H programs or activities under the influence of alcohol or illegal drugs
- Not using or possessing weapons or firearms, except while participating in 4-H Shooting Sports
- Not engaging in romantic displays or contact of a sexual nature
- Dressing appropriately, including refraining from wearing clothing that is sexually suggestive or contains negative or hateful language or symbols
- Creating an inclusive environment free from discrimination on the basis of race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by state or federal law

4-H youth and parents and guardians who do not abide by the 4-H Code of Conduct may be subject to consequences, including but not limited to:

- Verbal warning
- Parental notification
- Dismissal from programs and activities at the participant's own expense
- Suspension from future programs and activities
- Ineligibility to participate in the MU Extension 4-H program

Concerns about violations of the Code of Conduct should be reported to the local MU Extension office.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Shooting Sports Parental Permission & Waiver

I, the parent (legal guardians) grant permission for participation in the 4-H Shooting Sports program; and approve of the use of firearms, live ammunition, and/or archery equipment while participating under the supervision of a 4-H certified shooting sports leader. I understand that the shooting sports are potentially hazardous activities and certain risks are involved with this activity. These potential hazards include gun shot or archery wounds and can result in paralysis, loss of vision, limb, or life. I agree that participation in this activity is entirely voluntary and agree that I will not hold the 4-H project leaders, County Extension Council, State 4-H staff, local extension staff, MU Extension, or the Curators of the University of Missouri liable for any accidents.

I also understand that safety procedures and practice will be strictly adhered to and that our child (ward) may be immediately expelled, without recourse, from the program as a result of horseplay, inattentiveness, inappropriate conduct, violation of safety rules, or failure to follow the range officer's directions.

- I agree
- My child will not participate in 4-H Shooting Sports/I do not agree

Parent/Guardian Signature: _____ Date: _____

Sportfishing Parental Permission & Waiver

I, the parent (legal guardian) grant permission for participation in the 4-H SportFishing Program/League; and approve of the use of all manner of fishing and related equipment including single hooks, multiple hooks, rods, reels, boats, canoes, waders, live bait, knives, outboard and electric motor, fuel, propellers, while participating under the supervision or a 4-H certified Sportfishing leader.

I understand that fishing includes potentially hazardous activities and certain risk are involved with this activity. These potential hazards may include but is not limited to: drowning, wounds, burns, cuts, hooks in the flesh, and can result in minor or severe injury, paralysis, loss of vision, limb, or life. I agree that participation in this activity is entirely voluntary and agree that I will not hold the 4-H project leaders/coaches, County Extension Council, 4-H Council, State 4-H staff, local extension staff, MU Extension or the Curators of the University of Missouri liable for any accidents and injuries.

I also understand that participants are expected to follow all safety procedures and ethical practices: and that our child (ward) may be immediately expelled, without recourse, from the program as a result of horseplay, inattentiveness, and inappropriate conduct, violation of safety rules, unethical behavior, or failure to follow the directions of the supervising adult leader

- I agree
- My child will not participate in 4-H Sportfishing/I do not agree

Parent/Guardian Signature: _____ Date: _____

Health Form

1) Is this individual's Tetanus immunization current?

- Yes
- No
- Not Sure

Date of last Tetanus Shot Month/Year. _____ (Leave Blank if not current or unknown)

2) Does this individual have any health diagnosis that is important for staff to know in order to maximize participation and ensure safety and well-being?

- No, this individual does not have any relevant health diagnosis.
- Yes, this individual has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.

Health diagnosis details/explanations and suggested accommodations:

3) Does this individual have any specific dietary needs?

- No special food needs or requests for this individual.
- Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian)

Describe all dietary needs details/explanations:

4) Does this individual have any conditions requiring medication?

- No medications are needed by this individual
- Yes, and assistance is needed with medications
- Yes, and assistance is *not* needed with medications

Medication details and explanation:

5) Does this individual have any allergies or reactions to drugs or things in nature?

- No allergies/reactions
- Yes, please describe below:

6) The following are over-the counter, non-prescription, medications may be administered to my child, without contacting me (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Antihistamine (such as Benadryl) | <input type="checkbox"/> Hydrocortisone |
| <input type="checkbox"/> Antacid (such as Tums or Pepto Bismol) | <input type="checkbox"/> Polysporin (topical antibiotics) |
| <input type="checkbox"/> Ibuprofen (such as Advil) | <input type="checkbox"/> Calamine Lotion: |
| <input type="checkbox"/> Acetaminophen (such as Tylenol) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Please contact me for permission to administer any over-the-counter medications. |
| <input type="checkbox"/> Dramamine | |

7) Does this individual have any other health related conditions our faculty, staff or program volunteers should be aware of?

- No other known health related conditions
- Yes, please describe below:

Parent/Guardian Signature: _____ Date: _____

Add a Club

Club Name: _____

Add a Project(s)

Project(s) _____

<p>OFFICE USE ONLY</p> <p>County Review By: _____ Date _____</p> <p>State Office Review Date: _____</p>
