



# 4-H Enrollment Form



Name of 4-H Group/Unit: \_\_\_\_\_ Year: \_\_\_\_\_

Member Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_

Gender\*:  Male  Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

If re-enrolling in 4-H, how many years have you been in 4-H: \_\_\_\_\_

Do you live\*:  Farm  City over 50,000 people  
(Choose only one)  Town under 10,000 people or rural non-farm  Suburbs of city over 50,000 people  
 City 10,000-50,000 people  Military installation: \_\_\_\_\_

Do you have parent/guardian(s) active in the military? Yes \_\_\_ No \_\_\_

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group\*: A. Choose One:  Hispanic or Latino  Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian  Asian
- Black or African-American  Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native  Other \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

### 1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.

\_\_\_\_\_ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

\_\_\_\_\_ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: \_\_\_\_\_.

*\*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*



<b>For office use only</b>
4-H Membership # _____
Date entered: _____





**4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR  
TREATMENT FOR NC 4-H SPONSORED EVENTS**

4-H'ers Name \_\_\_\_\_

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

**I. Medical Information**

Known allergies to foods, drugs, insect stings or bites, etc: \_\_\_\_\_

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: \_\_\_\_\_

List special dietary needs: \_\_\_\_\_

Medications currently being taken (name of medication, dose, and frequency): \_\_\_\_\_

Family Physician: Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

**II. Insurance Information**

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company \_\_\_\_\_ Health Insurance Policy # \_\_\_\_\_  
\_\_\_\_\_ Company Address \_\_\_\_\_  
\_\_\_\_\_ Phone Company Telephone Number  
(\_\_\_\_) \_\_\_\_\_

**III.**

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact \_\_\_\_\_ [name, office] at \_\_\_\_\_ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least \_\_\_\_\_ [hours/days] prior to the activity.

**Signatures Acknowledging Parts I, II, and III**

Parent's/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian  
telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_

1 of 2  
Must be completed each year by 4-H'er and Parent/Guardian. If health history changes within that year, it is the 4-H'er & Parent/Guardian's responsibility for updating information.

Approved as of 3/02/06

**IV. Informed Consent**

**In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.**

Authorization to Consent to Health Care for Minor

I, \_\_\_\_\_, of \_\_\_\_\_ County, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born \_\_\_\_\_ . I authorize any adult(s) acting as agents (including official volunteers) or employees of the \_\_\_\_\_ 4-H program and in whose care the minor child has been entrusted , to do any acts which may be necessary or proper to provide for the health care of the minor child, including , but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said named, \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_

(OFFICIAL SEAL)

## **LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE, AND INDEMNIFICATION AGREEMENT**

In consideration for being allowed by NC State and its NC Cooperative Extension Service ("NC State") to participate and use the facilities, services, and/or programs of the Pamlico County 4-H Program (hereinafter "Program") the undersigned custodial parent/guardian hereby agrees as follows:

I do hereby affirm and acknowledge that my child is participating in the Program for his/her own personal benefit, and have been fully informed of the inherent and potential hazards and risks to them associated with participation in sports, recreational, indoor and outdoor activities and any physical exertion required therein. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that that no amount of care, caution, instruction or expertise can eliminate. These hazards and risks include, but are not limited to, loss or damage of personal property, mental or emotional distress, broken bones, strains, sprains, bruises, heart attacks, heat exhaustion, concussions, and other personal injuries, or even death, that could result from falling from heights, tripping due to uneven terrain, contact with other individuals, drowning, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, equipment failure, hypothermia, and vehicle accidents while traveling to and from the activity site. I assume responsibility for all risks, known and unknown, involved to my child and their property in the aforementioned activities, and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities.

I understand that the determination of my child's ability to participate in the Program should be made by my child's physician if necessary. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Program. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child's condition before being allowed to participate in the Program. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising from or proximately caused by my child's participation in this Program, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I have read and understand the Program's rules and regulations and hereby accept the regulations of the Program as described by the North Carolina 4-H Code of Conduct. If I or my child fail to

abide by the aforementioned Code of Conduct, I agree to accept the action taken by the Pamlico County Cooperative Extension Staff, including the 4-H Extension Agent and/or the County Extension Director which may include, but is not limited to myself and my youth not being allowed to participate in a program or series of programs, and/or expulsion from the Pamlico County 4-H Program. I understand that the Program has the authority to establish and enforce other regulations in addition to these.

I do hereby agree to allow my child to be photographed, audio or videotaped by Pamlico County, and/or NC State. I further agree that my child's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child. I hereby waive any right to inspect or approve the finished electronic,

photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check only if: I do not agree to photo/media use for any public release by NC State and/or Pamlico County

I further agree that this agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. The terms of this agreement are severable such that if one or more provisions are declared illegal, void or unenforceable, the remainder of the provisions shall continue to be valid, enforceable, and binding upon the parties.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND  
IT AND I AGREE TO BE BOUND BY IT.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name of Child: \_\_\_\_\_



**4-H Code of Conduct and Disciplinary Procedure  
North Carolina Cooperative Extension Service  
Department of 4-H Youth Development**



**I. Purpose and Application:**

1. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the rights and property of others, and that will not disrupt or interfere with 4-H program goals.
2. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

**II. Behaviors Prohibited at 4-H program Activities:**

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Possession of weapons or firearms (except while participating in a 4-H

Shooting Sports Event)

- D. Behavior that violates state or local laws
- E. Damage to property of others
- F. Theft, misuse or abuse of public or personal property
- G. Conduct that jeopardizes the safety of self or others
- H. Conduct that disrupts or interferes with 4-H programming
- I. Leaving a program or facility without permission of parents or 4-H staff

(including authorized volunteers)

- J. Inappropriate dress, including but not limited to clothing that is sexually

suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event

- K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

**III. Additional Basis for Disciplinary Action**

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

#### IV. Disciplinary Procedures:

Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.

Unless immediate action is required, the following procedures must take place before there can be any finding or conclusion of guilt:

1. 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
2. 2) the accused participant is told what factual evidence supports the charge, and
3. 3) the accused participant has been given a chance to tell his/her side of the story.

The 4-H staff person must be satisfied that the participant more likely than not engaged in the prohibited behavior before imposing a sanction.

Sanctions may include some or all of the following:

1. 1) Verbal warning
2. 2) Notification to parents
3. 3) Immediate removal from the activity
4. 4) Being placed on a behavior contract
5. 5) Referral to local law enforcement and/or juvenile court
6. 6) Program suspension and/or
7. 7) Expulsion from program
8. 8) Other sanctions appropriate to the circumstances, as determined by 4-H.

#### Appeals

1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the Department of 4-H Youth Development. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.

2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department Head's appeal decision shall constitute the final agency action.

#### Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

